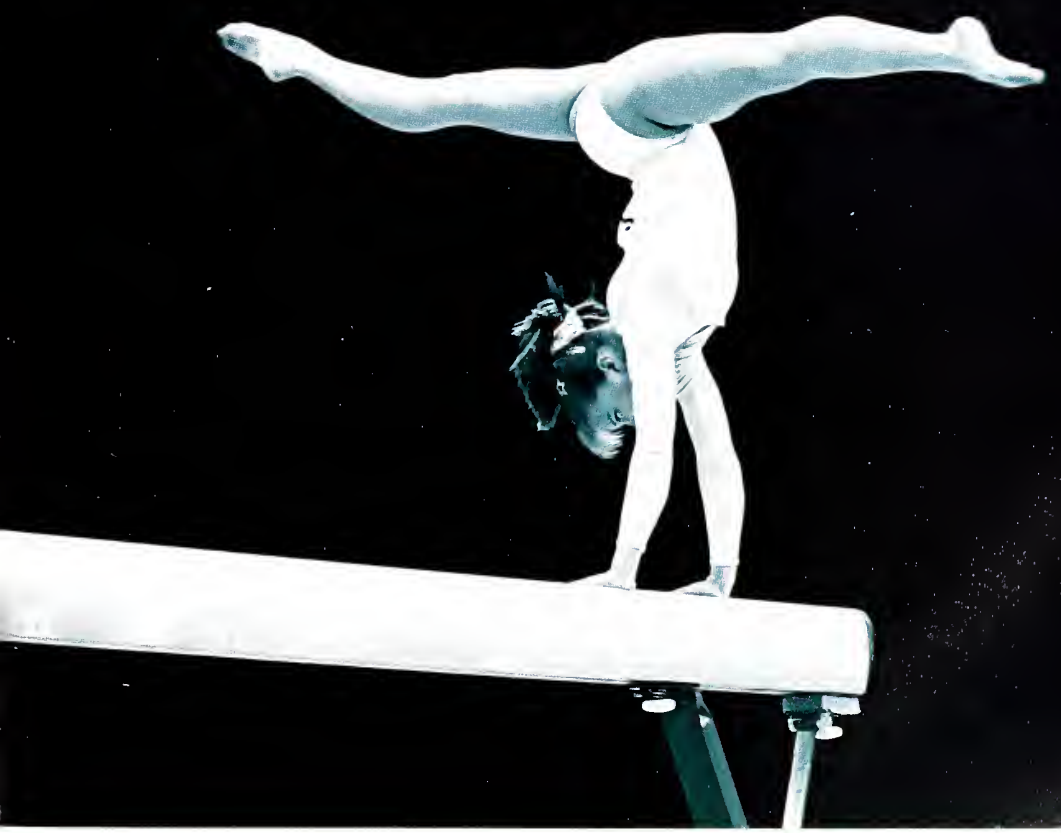
C+D

Chemist+Druggist
news+education+tools for the pharmacy community
www.chemistanddruggist.co.uk
19 April 2008

100-HOUR CONTRACTS

Has the white paper got the balance right?

See page 10



HIGH POLLEN COUNTERED FAST.

- **Benadryl Allergy Relief contains Acrivastine, which gets to work in just 15 minutes.**
- **The No.1 selling hay fever brand worth £13M.***
- **Supporting you this season with a £4M campaign including TV and press.**

*IRI Market Value Sales; MAT to 23rd February 2008

The fastest acting allergy capsule.

Benadryl Allergy Relief Product Information: **Presentation:** Acrivastine 8 mg capsules. **Uses:** Allergic rhinitis. Also chronic idiopathic urticaria. **Dosage:** Adults and children aged [illegible] years: one capsule up to 3 times a day. **Contraindications:** Hypersensitivity to acrivastine or triprolidine. Significant renal impairment. **Precautions:** Caution when engaging in [illegible] which require mental alertness until familiar with response to drug. Concomitant use of acrivastine with alcohol or other CNS depressants may produce additional impairment. Caution [illegible] taking with ketoconazole, erythromycin or grapefruit juice. **Pregnancy & lactation:** Not recommended. **Side effects:** Rarely drowsiness. **RRP (ex-VAT):** 12s £3.70, 24s £6.42 **Legal category:** 12s GSL, 24s P. **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL number:** 12s 15513/0128, 24s 15513/0035 **Date of preparation: May 2007.**

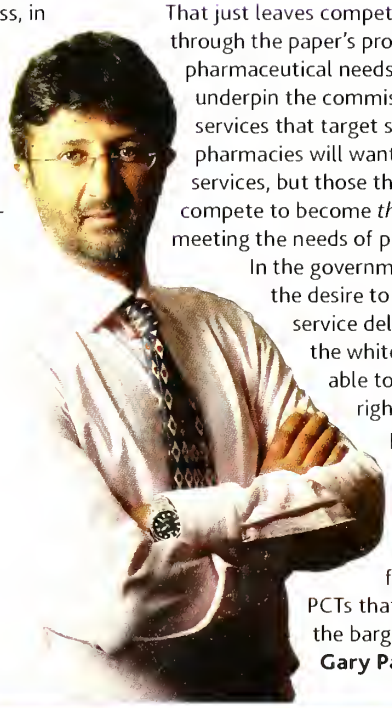
Chemist + Druggist
news education tools

Comment from the Editor

One control of entry exemption above all manages to raise the ire of contractors in England: 100-hour pharmacies. The inevitable clustering around surgeries and the impact on existing businesses and the global sum have all been highlighted as areas for concern.

While last week's pharmacy white paper sought to address some of the associated issues, our analysis (p10) shows the latest government fudge has done little to convince the industry that a resolution is on the cards.

The initial aims of the exemption appeared justified – to encourage competition and increase access, in line with Labour's policy on public services. But as the white paper has found, the reality is that while 100-hour openings have met the initial aims, this has happened in an ad hoc manner with little regard to local need.



So rather than continue to tweak the 100-hour rule to make it fit a perceived need, perhaps there are better mechanisms for matching services to local requirements and delivering on the objectives of access and competition.

On access, the white paper couldn't be clearer. Some 99 per cent of people can get to a pharmacy within 20 minutes by car and 96 per cent by walking or public transport, it says. Further, 96 per cent in the 10 per cent of areas deemed most deprived can reach a pharmacy within 10 minutes by walking or public transport, and almost 100 per cent are within 20 minutes of a pharmacy, it adds.

That just leaves competition, which is best tackled through the paper's proposal for robust PCT pharmaceutical needs assessments. These should underpin the commissioning of pharmacy services that target specific need. Not all pharmacies will want or be able to offer such services, but those that do will inevitably compete to become *the* best local provider – meeting the needs of patients and the NHS.

In the government's vision for pharmacy, the desire to set high standards of service delivery is paramount: PCTs, the white paper argues, should be able to terminate contractual rights for under-performing providers. This will put pressure on pharmacy to deliver in the future, but perhaps there should be a corresponding mechanism for pharmacy to tackle those PCTs that fail to deliver their end of the bargain.

Gary Paragpuri, Editor

Contents

© CMP Medica, Chemist + Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter
Published Saturdays by CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE
C+D on the internet at: www.chemistanddruggist.co.uk
Subscriptions: Print and Electronic £240 (UK); £355 (Rest of World); Print only £210 (UK); £325 (ROW); Electronic only £180 (UK); £295 (ROW).
Circulation and subscription: CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF
Telephone: 01858 468811
Fax 01858 434958
Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.
The editorial photos used are courtesy of the suppliers whose products they feature. We are not responsible for the content of any external websites referred to in this magazine

Push to outlaw script directing

PSNC wants tougher sanctions to prevent GPs favouring certain pharmacies for dispensing

Jennifer Richardson

PSNC is pushing for the introduction of legislation to prevent GPs directing prescriptions to particular pharmacies.

The move follows concerns over a GP-pharmacy partnership in the Avon area.

PSNC head of regulation Steve Lutener said the Department of Health was reviewing the need to amend GPs' terms of service to outlaw prescription directing.

The practice was already discouraged by General Medical Council guidance, but Mr Lutener said: "The GMC is hardly likely to strike a doctor off for directing a prescription."

When Assura Pharmacy launched GP Care Pharmacy, a joint venture with West Country family surgery network GP Care, PSNC said it was "very concerned" about the scheme's potential to encourage prescription directing.

Assura said the company was set up and will be operating under the relevant guidelines (C+D, February 16, p6).

But Mr Lutener told C+D this week that the concerns applied to any co-location of pharmacies and GPs. Several multiples, including Sainsbury's and Boots, have recently announced in-store GP initiatives, and Lord Darzi's polyclinic proposals would also see an increase in co-location.

"We don't think the potential for prescription directing should remain," Mr Lutener said.

If the DH decided there was a need to introduce legislation to prevent the practice, PSNC would be consulted on proposals, he added.

Steve Lutener: "We don't think the potential for prescription direction should remain"

Prescription switching conclusion imminent

Pharmacists continued to bemoan loss of income from prescription switching errors this week as the inquiry into the way NHS paymasters handle prescription payments headed towards conclusion.

Contractors told C+D they continue to be affected by high numbers of prescriptions being switched from exempt to paid status.

Day Lewis CEO Kirit Patel said individual branches had experienced switches of up to 200 items, causing losses of up to £2,000, in a single month.

"You're looking at a potential hit of well over £100,000 a year for us," he said. "This is gross injustice."

And it is not just contractors worried by the switches. One employee pharmacist told C+D she was "gutted" to discover over 120 scripts she was responsible for checking had been switched.

The NHS's Prescription Pricing Division (PPD) launched an inquiry into prescription switching following the introduction of an automated pricing system. It has since reported that initial results show most switches to be accurate.

PSNC head of information services Lindsay McClure said ongoing talks with the PPD were "constructive" and that more news on the inquiry was expected within weeks.

A PPD spokesperson reminded pharmacy staff of the need to ensure prescription forms were correctly completed to prevent switching.

She said: "We are continuing to monitor prescription switching and we are logging issues raised by individual practitioners as we become aware of them." **JR**

A Worthing contractor who believed a Prescription Pricing Division error had cost her £1,000 has discovered she was underpaid by three times the amount. The pharmacy's claims were paid in the post-October [illegible] rates after the strike delayed delivery to the PPD. C+D, February 9, p6). The Division has now informed contractor Val Turner a consultant overpayment was due to be repaid last month.

Val Turner: the PPD will reimburse her the £3,165.97 underpayment

AAH has enhanced the prescription endorsing and reimbursement toolkit in its electronic system, LINKEvolution. The improvements are designed to save pharmacists and pharmacy staff time and improve accuracy under the different endorsing rules in the devolved home nations, it said.

Have you been affected by prescription switching? jrichardson@cmpmedica.com

PSNC poised for cat M discussion with DH

Manufacturers and wholesalers have made their feelings known as part of review

Jennifer Richardson

PSNC is set to air contractors' category M grievances to the government as part of a review of generics reimbursement requested by manufacturers.

Head of finance Mike Dent said he would discuss manufacturers' and wholesalers' feedback with the Department of Health "shortly" to "develop ideas for the way forward".

The category M mid-term review was requested by the British Generics Manufacturers Association (BGMA). The British Association of Pharmaceutical Wholesalers (BAPW) and the British Association of Generics Distributors (BAGD) have also contributed.

Mr Dent said contractors' views, which he had been collecting since category M began, would inform his meetings with the Department.

"Obviously the biggest issue facing contractors is achieving smooth funding flows," Mr Dent said, "but there are other important areas for concern about the inflated price of niche lines and the number of extremely low-priced lines."

BAGD representative Bharat Shah, managing director of Sigma Pharmaceuticals, has previously warned contractors to contribute to the review (C+D, March 29, p6).

"What we really need to make noises about is the anomalies in category M," Mr Shah said.

The DH said the results of the review would be made public when it had been completed by the end of this year.

• Independents can continue to feed in their opinions via the BAGD. Email bharats@sigmaplc.co.uk

Society pseudoephedrine advice

A flyer designed to help pharmacy staff deal with suspicious requests for products containing ephedrine and pseudoephedrine has been issued by the RPSGB.

The guidance provides pharmacists and staff with a checklist of points relating to the customer's behaviour that could indicate a dishonest purchase. It also provides advice on how to report suspicious activity.

David Pruce, director of practice and quality improvement, said: "Continued vigilance and improving staff awareness of the issues relating to pseudoephedrine/ephedrine misuse may help demonstrate that supply of these products can confidently be managed within the pharmacy setting."

Publication of the guidance follows the MHRA's decision to reclassify pseudoephedrine-based products from POM to P by July 2009 if its use in the manufacture of methylamphetamine is not contained.

The guidance can be downloaded from the Society's website at www.rpsgb.org.uk. **TH**

Boots and Virgin reveal plans

Boots and Virgin have revealed further details of their independent plans to develop health centres that combine GP surgeries and pharmacies on the same site.

As it opened its second in-store GP surgery, in Halifax this week, Boots told C+D it intended to open two further surgeries at branches in Brighton and Birmingham in May and July respectively.

Healthcare director Tricia Kennerly said Boots had identified several other potential sites but that implementation would depend on local need.

Rollout of the scheme follows a successful trial in Poole, where Boots has been operating an in-store surgery for over a year.

News of Boots' plans came as Sir Richard Branson's Virgin revealed it is in talks with "several" pharmacy companies over the global giant's plans to develop polyclinics containing a range of healthcare service providers.

The first Virgin Healthcare centre is due to open in Swindon this summer. A spokesperson said not all polyclinics would necessarily include a pharmacy.

Boots and Virgin were among companies invited to discuss alternative locations for general practices with health minister Lord Darzi in September last year. **JR**

News in brief

Contactless payment

Rowlands has rolled out 'contactless' payment to all its stores, allowing customers to use cards without signing or entering a pin. Managing director Kenny Black said the technology would benefit customers, staff and the environment.

RPSGB partnership

The RPSGB has signed an agreement with Scottish healthcare regulatory body the Care Commission to ensure close working on medicines management. The Memorandum of Understanding was signed by the Society's CEO Jeremy Holmes and director for Scotland Lyndon Braddick, and Care Commission CEO Jacquie Roberts.

CBI backs white paper

A business lobby group has praised proposals in the white paper to expand pharmacists' role. Dr Neil Bentley, the Confederation of British Industry's director of public services, said: "Making greater use of pharmacies is good news."

NPA calls for champion

A new professional body must act as a spokesperson and raise pharmacy's profile, the NPA told C+D this week. Chief pharmacist Colette McCreedy supported the Clarke inquiry's proposals for a body similar to a royal college for pharmacy, but said it would need to "champion and promote the profession". For full story go to: www.chemistanddruggist.co.uk

Co-op opens unified HQ

The Co-operative Pharmacy has opened integrated headquarters in Rochdale, the birthplace of the co-operative movement. It is the first time head office functions for the multiple have been united under one roof, since the merger between the Co-operative Group and United Co-operatives last year.

Royal College roadshows

The RPSGB's Scottish Pharmacy Board is planning a series of roadshows to allow pharmacists in Scotland to shape a future professional body. Chair Rose Marie Parr announced the plans at the board's professional leadership seminar last week, in response to the Clarke inquiry.

For the campaign hall of fame go to www.chemistanddruggist.co.uk/buildingbridges

Dispensary TALK

Has the pharmacy white paper put a smile on your face?

"I'm not involved with it really – my nose is up against the grind stone. I'm ignorant of its contents as I have a pile of other stuff to read. Nothing like this has ever made me think – 'Yes, I'll get a new car'."
Raymond Hall, Hull

"Yes it has. It took a long time to get this far. Things are happening sporadically all over the country and we've been in talks with our PCT about things like blood pressure monitoring – and lo and behold it's in the white paper. It's long-overdue and I'm glad it's finally here."
Michael Maguire, Middlesbrough

WEB VERDICT:

Yes 45%

No 55%

Arguably there will be winners and losers if the white paper proposals are implemented, and it may be that just over half of you are doom-mongers. The rest are pleased by the prospect of more work but very happy to crack a grin.

Do you think anything interesting is happening [illegible] chemistanddruggist.co.uk

Five more MPs back Building Bridges

Momentum grows as more MPs visit pharmacies across the country

Kathy Oxtoby

It was a bumper week for the Building Bridges campaign as five MPs got a flavour of the reality of working in a pharmacy.

Nasar Aslam at the Hesketh Bank Pharmacy in Preston said Labour MP David Borrow was "geared up and clued up about pharmacy". He said: "It's good to know that people are recognising that pharmacists are doing other things than dispensing medicine – especially an MP."

Rosemary Lunt, at St Paul's Pharmacy in Cheshire, told Labour MP Derek Twigg how "a lot of our patients – we have quite a lot of elderly folk – would spend more time in hospital, but for the added value of our pharmacy input".

Other pharmacists who took part in the campaign were: Mohamed Haji at the Belfairs Pharmacy, Essex, who met Conservative MP David Amess; Cath Boury at Newland Community Pharmacy, Hull, who was visited by Labour MP Diana Johnson; and Chris Howland-Harris at the Ashgrove Pharmacy, Bristol, who met Lib Dem MP Stephen Williams.

Clockwise from top left: pre-registration pharmacist Nasar Aslam welcomed Labour MP David Borrow to Preston's Hesketh Bank Pharmacy; Belfairs Pharmacy's Mohamed Haji met Conservative Essex MP David Amess; and Labour MP Derek Twigg visited Rosemary Lunt at St Paul's Pharmacy in Cheshire

We need you! Sign up for a visit from your local MP and help us raise pharmacy's political profile. Email your name and address to mgosney@cmpmedica.com

The unexpected fruits of labour

A north London pharmacist had an unexpected delivery last week when a woman gave birth in his consulting room.

Kiran Patel, who has no midwifery training, delivered the baby girl with the aid of a customer after the mother rushed off a bus and into Beautychem in Tottenham – with the baby's head already showing.

Urgent delivery: Kiran Patel, who helped deliver a baby in his pharmacy

He said: "By the time she came in, the baby was coming out while she was walking. There was water and blood everywhere."

Mr Patel and a customer helped the woman into the back of the shop and into a consultation room.

"We had only just laid her down on the floor on some towels when the baby's head came out. The customer helped me to deliver the baby. We didn't have time to think, we just did it."

Telephone advice from the ambulance service helped Mr Patel tie the umbilical cord with a shoelace before help arrived from a local GP. Mother and baby were then taken to hospital in an ambulance.

Mr Patel returned to serve his customers after a five minute break "to gather my thoughts".

Faced with this sort of situation he said it helps to "stay calm and make the most of what you've got in your shop". He added: "I'm hoping the mother doesn't expect free nappies!" **RF/KO**

The new look Care skin range. Introducing this season's hottest movers.

Inspired by the coming summer, the second biggest OTC brand sold into UK pharmacies[1] presents this season's ultra cool collection. It's fresh, it's funky, it's the new look SkinCARE range. Tried, trusted, and trendy, the Care Collection is sure to be a hit on your shelves.

Care™

All the care you need.

1. IMS Volume Data (MAT June 2007) and Care ex-factory volume (MAT June 2007)

News in brief

Pre-reg support

The National Pharmacy Association has held its first pre-registration conference, completing the final part of its pre-reg training programme. There were sessions on decision-making and communication skills as well as preparation for the registration exam and mock exam. www.npa.co.uk

E-learning for eMAS

A web-based training scheme for the Scottish electronic minor ailments service has been launched. The programme, supplied by AAH Pharmaceuticals, teaches pharmacists how to use the system using short interactive courses. More information at www.aah.co.uk or phone 02476 432000.

NCSO update

The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for April prescriptions for the following item: captopril 50mg tablets.

PBC: the minority report

Only 41 per cent of GPs have used practice-based commissioning, a government-funded survey has found. But more new services are being commissioned under the system, the survey reported. PBC has been hampered by poor relations between practices and PCTs, the authors claimed. http://tinyurl.com/6hqupo

EMC site revamped

The Electronic Medicines Compendium website has been revamped to improve its accessibility. The updated emc.medicines.org.uk will be available from June. Modifications include a boosted search function and simplified interface to ensure pharmacists can easily find SPCs and patient information leaflets.

Patches to go GSL?

The Medicines and Healthcare products Regulatory Agency has launched a consultation on whether 25mg Nicorette patches should be reclassified from Pharmacy to General Sales List. The consultation will run until July 8. www.mhra.gov.uk

Protestors urge PM to halt pharmacy opening

Additional 40-hour site will affect existing local businesses, opponents claim

Rob Finch

Campaigners have called on Gordon Brown to help overturn a pharmacy application granted in Northumberland.

The site in Widdrington village will affect business at existing pharmacies in the area and a dispensing GP practice, opposition groups claimed.

Northumberland Care Trust said the application was granted for the pharmacy "on the grounds that it will result in benefits for local people due to the availability of a broader range of services to help meet their healthcare needs".

But campaigners sent letters by recorded delivery to both health secretary Alan Johnson and the Prime Minister, objecting to the 40-hour contract. The response from the Department of Health's customer service centre said: "Decisions about how best to improve local services continue to be judgements for PCTs to make."

Dispensing doctors Christopher Waite and Yvonne Lees have joined forces with local pharmacies to fight the pharmacy application

Morpeth Herald

Andrew Booth, secretary of Northumberland LPC, told C+D the LPC had objected to the pharmacy application from United Pharmacies (UK) Ltd because of its effects on the local pharmacies, as well as the impact on relations between dispensing GPs and pharmacists.

Campaigners have gathered a 1,750-strong petition against the plans, as well as 1,179 individual letters of protest.

Julie Ross, Northumberland Care Trust strategic head of commissioning, said: "We were aware of the opposition to this application but we must act in accordance with regulations and ensure that the best interests of patients are met. Given the benefits that will be delivered by the opening of a community pharmacy in this village, there was no reason not to grant this application."

An appeal against the decision has also been lodged with the Appeal Authority.

C+D was unable to contact United Pharmacies (UK) Ltd.

People power ends long wait

Thirty years after its pharmacy closed, a Yorkshire village has finally seen a new business open on the same site.

Crossflatts Pharmacy, near Bingley, opened last month after a campaign by villagers and local MP Phillip Davies for the return of pharmacy services despite objections from other pharmacies.

Pharmacist Anil Pullan told C+D: "We weren't surprised at the objections, but we were really helped by the people in the village. They've been fantastic."

"We've had a steady start and we hope it's going to be there for a long time to come," he said.

Despite the site having been a sandwich shop and a beauty salon in the intervening years, the pharmacists still found artefacts and invoices from the original pharmacy which opened in 1928. For pictures, go to www.chemistanddruggist.co.uk

Two pharmacists restored to register

Two struck-off pharmacists have been restored to the professional register.

James Tugby, of Leicester, who received a 15-month jail term for stealing products, can return to practice after being struck off in 2004.

Mr Tugby told his reinstatement panel that he had turned to crime after his father had become seriously ill.

Trevor Sherlock, of Bradford, who was sentenced to a year in prison after a £100,000 fraud, has also been restored.

Mr Sherlock had been convicted in 2003 of three offences of making a false instrument and three of false accounting.

When jailed, the judge took into account Mr Sherlock's marital difficulties, and the Royal Pharmaceutical Society panel restored him after being told his problems were behind him.

But despite being restored, neither man will be allowed to own a pharmacy or be a superintendent pharmacist for three years.

- Conditions imposed on the practice of a former Leeds pharmacist after he was restored to the register following a striking off, have now been lifted.

Bhupinder Singh Bharj, now of Nottingham, who was convicted of taking money by deception and jailed for six months, complied with supervision conditions and undertook a return to practice course and CPD. **UKL**

ALMUS

Distinctive, illustrated and unmistakable

Working with pharmacists and patients to develop safe use of medicines, Almus Pharmaceuticals continues to set the standard for best practice in user-focused design.

Reducing risk

Detailed **illustrations** of medication now appear on the front and rear of packs across the Almus® range of generic medicines. Illustrations provide a **visual safety check** prior to dispensing, aiding fast and **accurate identification** of medicines. In addition, patients benefit from referring to the detailed illustrations when taking medication at home.

Almus® - designed to aid dispensing.

For more information on how the Almus® range of generic medicines can assist you and your patients, **call 0800 633 5950.**

Designed to aid dispensing

The 100-hour balancing act

The pharmacy white paper proposed distance restrictions of 1.6km or 2km between 100-hour pharmacies and stricter service specifications to tackle the "considerable" problems caused by the control of entry exemption. What effect, asks Jennifer Richardson, does the profession think these reforms will have?

They will prevent clustering

A distance restriction would, by definition, have the government's desired effect of preventing clustering of new 100-hour pharmacies. But what may be less certain is how serious the problem is.

"I don't know to what extent the Department of Health figures show that clustering is an issue," said PSNC head of regulation Steve Lutener.

They will slow 100-hour growth in the long-term

"The distance restriction will certainly slow down future openings," said Co-operative Pharmacy managing director John Nuttall.

But they will cause a short-term rush to beat restrictions

However, Mr Lutener pointed out that a distance restriction's short-term effect would, in fact, be the opposite. "If there's an announcement in the public domain that there's going to be a restriction in the future, it could stimulate applications to beat the deadline," he said.

They will not turn back the clock

The need to reform the 100-hour exemption should not exist, contractor representatives feel, because it should never have been introduced.

"The unintended consequences of 100-hours were plain to see before they introduced them," said Mr Nuttall, "so perhaps [the government] should have listened better in the first place."

David Wood, executive director of the Independent Pharmacy Federation, agreed and said further damage to local pharmacy networks could be caused by 100-hour contracts before any reforms were implemented.

"Our concern is that if or when a decision is made, the horse could well have already gone from the stable," Mr Wood said.

They will [illegible] funding dilution

An often-voiced objection to 100-hour contracts is the lack of revision of the global sum, to account for over 500 additional pharmacies that share it as a result of the exemption.

And while the proposed restrictions may slow this growth in the long-term, it will not solve funding dilution that has already occurred and will continue to occur, albeit at a reduced rate, stakeholders said.

"The extra pharmacies are having a direct impact on the funding situation," said Mr Nuttall.

PSNC would continue to make this point to the government, Mr Lutener insisted.

"If you have fair funding for 9,750 then it's no longer fair when you've got an extra 5-, 6-, 700," he said. "We will continue to press the DH to ensure fair funding is delivered."

They will not protect existing contractors

Sandra Gidley MP said the distance restriction was "a step in the right direction", but was not sure how effective it would be at protecting existing contractors from nearby 100-hour openings.

"The people mainly opening 100-hour pharmacies are supermarkets who will probably fit those criteria anyway," she explained, "so it will continue to have an effect on the existing infrastructure."

Numark managing director John D'Arcy agreed that the proposed restriction was "weak".

He said: "If I'm there in an unopposed area and there's no 100-hour pharmacy around me I'd feel very vulnerable; it could happen anytime."

They will not reduce the need to monitor compliance

Contractors affected by nearby 100-hour openings have often cried foul, claiming that pharmacies opening under the exemption are not adhering to their advertised hours.

And the need to monitor 100-hour pharmacies' contract compliance would be increased with the strengthening of service requirements, contractor representatives said. "How is this going to be policed?" asked Ms Gidley. "I'd like to see some sort of proof that the staff are available to run those pharmacies for that number of hours."

They will not ensure services are provided where there is need

Several stakeholders said service need was irrelevant of distance. "Where's the logic?" Mr D'Arcy asked. "If you're in London, a mile is a hell of a lot of population."

And 100-hour contractor Stephen Foster, of Pierremont Pharmacy in Broadstairs, Kent, agreed: "If you can show a service need, you can show a service need."

Hansila Vaghela of Biotech Pharmacy, London, emphasised that service requirements imposed on 100-hour openings should be locally determined, based on services not already provided by existing contractors in the area. "Otherwise they're replicating all the services we would normally be doing," she said.

They could improve patient care

Mr Foster believes strengthening the service requirements for 100-hour pharmacies could improve patient care.

Pharmacies should not be protected "for protecting's sake" he said, but encouraged to develop through reasonable competition. "It's about taking the profession to the next level," he said.

Got a view? Email jrichardson@cmpmedica.com

Oral-B Introduces 1 Brush With 7 Oral Health Benefits

Oral-B launches a new, multi-benefit manual brush within its clinically proven range – Oral-B® CrossAction® Complete®

Good oral care habits are essential, not only for the lifelong health of teeth and gums but also for achieving a healthy, clean smile!

DID YOU KNOW?

A new toothbrush can remove more plaque than a worn out one. Place a note in your diary to remind you to replace your toothbrush every two or three months, or sooner if the bristles become worn.[1]

To help consumers look after their teeth, the experts at Oral-B have used extensive scientific and ergonomic research to uncover what makes a manual toothbrush clinically superior. As a result, a family of three manual brushes under the CrossAction umbrella has been developed.

ORAL-B® CROSSACTION® COMPLETE

Oral-B® CrossAction® Complete®, is the newest in the range and represents Oral-B's most innovative multi-benefit brush. It provides 7 oral health benefits for cleaner, healthier teeth, gums and mouth:

7 WONDERS OF ORAL-B® CROSSACTION® COMPLETE®

1. Removes up to 90% of plaque in hard-to-reach places[2]
2. Helps improve gum health in 4 weeks
3. Provides up to 55% better cleaning along the gum line[3]
4. Polishes away surface stains
5. Removes odour-causing bacteria from the tongue
6. Stimulates gums
7. Is gentle on teeth and gums

Bacteria on the tongue are one of the sources of bad breath. The Oral-B® CrossAction® Complete® freshens breath by removing these odour causing tongue bacteria with its texturised tongue and mouth cleaner on the reverse side of the brush.

Oral-B® CrossAction®
The core Oral-B CrossAction brush boasts Extended Power Tip bristles and CrissCross® bristles, angled in opposing directions which flex and straighten to actively penetrate between the teeth and along the gum line, resulting in up to 90%[2] of plaque being removed from between teeth.

Oral-B® CrossAction® Massage®
Oral-B CrossAction Massage additionally features two rows of gum stimulators, which are positioned on either side of the brush head to massage and stimulate gums.

All three brushes in this clinically proven range are priced at around £3.99.

Oral-B® was founded, and is still inspired by, professional dentists. The brand have produced high quality, clinically supported toothbrushes for over 57 years.

BRUSH LIKE A DENTIST!

For more information on the Oral-B® product portfolio, please visit www.oralb.com/uk or call 0800 7311 792

1
2
3
4

Oral-B

Convenience, or value for money?

I'm still not convinced that the government is serious about wanting us to relieve the pressure on GPs' workload. Extending GPs' opening hours is entirely politically motivated and will simply serve to waste precious NHS resources.

As a result of the recent government initiative to extend GP opening hours by half an hour for every 1,000 patients, one of our local surgeries will soon be open until 9pm on a Monday evening. This will not improve access to healthcare but simply dilute the services that are currently available.

Surely government hoped that GPs would stay open a little later every day of the week, rather than stick all their additional half hours together in one lump. The only people who are likely to visit the GP at 8.45pm on a Monday evening are the 'worried well' who work long hours. I believe that sick people should take time off work, and most working people can get to the surgery before the existing 6.30pm closing time anyway.

To be able to make use of this 'improved access' the patient must be ill on a Monday. Anybody who becomes ill on a Tuesday will either be dead or better by the following Monday evening. There is no public transport at this time of night, so a large swathe of the local elderly and disadvantaged population are immediately excluded.

The majority of those attending this late surgery will be people who would otherwise not have bothered to consult their GP, and may have consulted their pharmacist instead. This will create an additional and unnecessary burden on the GP practice and the local drugs budget. The impact will be similar to that of removing the prescription charge in Wales – patients will be consulting their GP and receiving prescriptions for minor ailments when they should have been consulting their pharmacist and purchasing their medicine. Let's hope patients won't be booking a late night appointment with their GP instead of making use of our promised new national minor ailments scheme.

X Pharmacy will not be opening for an additional two hours for the sake of three or four prescriptions. If a prescription is urgent, patients can visit the local supermarket pharmacy, which is open anyway. One day GPs might be able to transmit prescriptions electronically to a pharmacy near patients' workplace, where it could be dispensed the following morning in time to collect during their lunch hour. Now that would be convenient, but I'm not convinced it's a good use of NHS resources.

The good news is that the surgery will also be open for a couple of hours on Saturdays. That will improve access. And patients can get their scripts dispensed immediately at their regular pharmacy. Convenience for patients and value for NHS money combined – perfect!

John D'Arcy

The devil lies in the detail

The much awaited white paper has finally arrived. And it is hard not to be positive about the vast majority of its content. The paper sets out the vision for an enhanced pharmacy service including the incorporation of pharmacies into "healthy living centres", a national minor ailment service, support for people with long-term conditions, screening for vascular disease, a role in vaccination and a whole lot more. The overall direction is toward a clinically based pharmacy service. All good stuff!

The white paper is long and contains a long list of recommendations – most of which are about carrying out further work, setting up a working group or some other work aimed at determining the detail of future direction. So, while we can welcome the paper and the general direction of travel, there is a big question mark over implementation.

As ever, the devil lies in the detail. In fairness, a white paper will inevitably be high level and strategic. The job now is to get on with making the aims and objectives contained within it a reality. The crucial thing is that the white paper confirms government's willingness to engage with pharmacy in enhancing its contribution to healthcare. Amen to that.

If pharmacy is ultimately going to deliver on the aims and objectives of the white paper it goes without saying that the necessary investment must be made in the service. But pharmacy also needs to have some degree of confidence in making investment decisions. Of particular relevance here is the white paper's treatment of the 100-hour exemption to the control of entry regulations. The paper acknowledges that this exemption is causing problems for contractors. You can say that again. The proliferation of these contracts is not only busting the global sum but also frustrating the ability of PCTs to plan local service provision.

The paper suggests four options for reform. The intention, it seems, is to fix a problem that should never have existed in the first place. The exemptions to control of entry were always a political fudge and the 100-hour one was the pick of the crop.

Control of entry (which is accepted by government as being necessary for the proper planning of local service provision) is predicated upon meeting a local need. It is good to see the white paper recommend that PCTs beef up the pharmaceutical needs assessment process. Services should be based around local need rather than left to the vagaries of some half baked exemption. Linking control of entry to the pharmaceutical needs assessment is the obvious way forward.

John D'Arcy, managing director, Numark

Why resort to crushing tablets when there are better solutions?

Many people have trouble taking tablets and this can carry serious consequences. Patients and carers alike open capsules, crush tablets or mix medicine into food and drink to aid administration which can render medicine ineffective.[1]

The answer is to offer a liquid alternative to their tablets. Rosemont focus on liquid medicine and offer a wide choice of alternative solutions across a broad range of therapeutic areas.

Rosemont™

The source of liquid solutions.

Reference: 1. Greener M, Ferguson R. *Pharm Mag* 2005; **11**: 44.

Rosemont Pharmaceuticals Ltd. Rosemont House, Yorkdale Industrial Park, Braithwaite Street, Leeds LS11 9XE **T** +44 (0)113 244 1400 **F** +44 (0)113 245 3567
E infodesk@rosemontpharma.com Sales/Customer Service: **T** +44 (0) 113 244 1999 **F** +44 (0) 113 246 0738 **W** www.rosemontpharma.com

Letters

Please email us with your letters, and a daytime phone number, to:
haveyoursay@cmpmedica.com
Or write to the Editor at:
C+D, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE
Letters may be edited for content and length

Don't let c word distract us

In your review of national media coverage following the publication of the white paper, Pharmacy in England: Building on the Strengths, Delivering the Future, C+D suggested the government's public relations campaign should begin with a briefing on terminology (C+D, April 12, p18). This strategy was proposed in an effort to stop the media using the word chemist when reporting on pharmacy matters, which seems an interesting standpoint from a publication called Chemist+Druggist.

The focus on the use of the c word is a red herring and should not be seen as a barrier to communicating effectively with the media and the general public on pharmacy matters. Only a few years ago, the nursing profession was keen to see an end to the use of the title matron, but a u-turn quickly came about when government realised patients and the public placed great faith and trust in this term.

In all of its communications, the RPSGB is consistent in using the words pharmacist and pharmacy. However, for a public which has grown up with high street names such as Boots The Chemist, the p versus c argument will be seen as irrelevant. The key to changing perceptions will be to ensure both the media and public understand the changing role of the profession.

On Monday April 14 the Society ran a successful media campaign highlighting the role of pharmacists in offering advice and treatment for hayfever. The story was a leading news item on both BBC Breakfast News and BBC Radio 5 Live with the focus very much on the p rather than the c word. The campaign succeeded in its aims of raising the profile of community pharmacy and awareness of the services available to the public. C+D readers can view the coverage by visiting www.digitalnewsagency.com (password and username rpsgb1).
Jean-Pierre Moser, head of corporate communications and membership, RPSGB

Building Bridges? More like a wall of silence

I was astonished to read in C+D (March 8, p7) that Glenda Jackson MP intended to visit my pharmacy as part of C+D's Building Bridges campaign, despite the fact that I hadn't approached her.

My communication with Ms Jackson dates back to 2005 at the inception of the new pharmacy contractual framework. I met with her to explain how low dispensing volume pharmacies (LDVP) were affected by the contract's payment thresholds. I explained that the escalating threshold would cause several hundred pharmacies, including my own, to lose about £20,000 per annum.

Ms Jackson arranged a meeting with the then pharmacy minister, Rosie Winterton, who made it clear that the strictures of the contract were the responsibility of PSNC and not the government. We were, however, promised a mid-term review, which never materialised, and assured that PCTs would lend their support to small pharmacies. Ms Jackson then arranged a further meeting with my PCT in Camden, at which they made it clear there were no available funds to bail out LDVPs, despite Sue Sharpe's pledge that pharmacies should not have to depend for essential income on the uncertainties of PCT commissioning (C+D, September 4, 2004). Since then I have heard nothing from Ms Jackson.

Now, three years on, nothing has changed. We, the pariah class of LDVPs, are to be crushed out of existence. My 4,000 or so customers are more than happy with the services I provide, but their voices have gone unheard.

I hope your Building Brides campaign is successful but, at the moment, it would seem that the only bridge of any use to us is one from which we may jump from a great height. It's tragic and unjust.
Harry Gitter MRPharmS
Macey Chemists, London

Pharmacy managers just manage!

Many of my employed colleagues are feeling it, a number of self-employed fellows have stated it, and now I read it in C+D from Locum at Large (February 23, p12). The pressure of pharmacy has slowly but surely increased to a now intolerable level and everybody is voicing it.

So why has it got to this point, and what will it do to the '2020 dream' for pharmacy? Well just a quick look at the statistics of prescriptions dispensed gives you most of the story.

In the Oasis and Blur-filled late 90s pharmacies were dispensing just over 4,000 prescriptions each month. A jump to the year of Miss Winehouse 2007 and we are 70 per cent busier on average, even though there are 600 more pharmacies.

The new pharmacy contract has also brought its share of pressure, albeit mostly necessary. I remember in the Oasis days having seven files in the office, now it's 20 plus and that's for a pharmacy that is part of a large pharmacy company.

This brings me to the "controlling monster" of the head office, so affectionately noted by locum voice. You would think with the synergies of scale, my life as a manager should be a pleasant walk in the country, but not so! Some days when I deal with the staffing famine, revolving initiatives, unreachable targets, promotions and efficiency drives, I feel more like I am being forced to walk through the red zone in Baghdad.

The pressure must be a major reason why so many pharmacists choose to be their own boss: turning up five minutes before opening, working hard but escaping on time and never having a call from a distant field manager who mercilessly dictates the next set of orders.

So shouldn't I join the locum ranks and remove some of the unremunerated pressures? Well if I didn't feel I could make a difference I would, but I think I can and I think I must – we must – try to manage.

Pharmacy, we all know, is at a major turning point in its history, no longer is the drug chain proposed to be the source of our future income but now new services are the government's preferred funding route. However, in reality these new services are being commissioned in such low numbers they are providing an insignificant amount of funding. When you question PCT staff off record about these new services, some state worries of pharmacies being able to deliver a quality service as a barrier that holds back commissioning. It seems many pharmacies are still finding the day-to-day management of the new contract difficult and therefore not instilling confidence with our commissioners. Here is where I feel I can make a difference.

By just managing as best I can with the focus on improving the welfare of the patient, a pharmacist's raison d'être, I hope to be able to provide a quality service provision. I may at times have to prioritise at the expense of company requests, and take less of a notice of overzealous targets so as not to compromise customer service, but feel it is wholly worth it.

The worth will not only come from the smiles of my loyal customers but also from the respect and confidence of the PCT and maybe go some way to repair the damage done to pharmacy's reputation.

If all pharmacy managers were given the full support to just manage the business we would definitely ensure the profession has a 20/20 future!
Name and address supplied

Locums are poor relations when it comes to remuneration

I welcome C+D's Salary Survey but I fear that any hasty generalisations may not reflect what locums really get paid.

The survey listed an average hourly locum rate as £25. Really? While locums would like to believe this, the reality can be easily checked on any locum agency's website or from the rates on offer from supermarkets or chain pharmacies.

Discussion around locum rates is not new; it can be traced back to the late 1980s. And while locum pharmacists have seen their hourly rate increased from around £15 an hour to £22 an hour in two decades, GP locum rates have doubled. GP locum rates are between £40 and £90 per hour, a GP survey in 2006 found. It also established that most locum GPs set their own rates of pay – only a handful negotiated with practices, unlike in community pharmacy where employers dictate the rate.

Considering locums constitute a significant proportion of the pharmacy workforce, the issue of locum pay should be debated. Failure to do so may have serious consequences, not only for locums but for the wider profession.

C+D's Survey also found that many pharmacists would not recommend pharmacy as a career, a situation that requires our profession's leadership to think carefully about future workforce development strategy.

Asta R Prajapati MRPharmS, DrPH (Doctor of Public Health) trainee at Brunel University

Ask and ye shall receive

I am writing in response to the article in C+D (March 8, p6) detailing the error made by PPD in switching prescriptions from exempt to paid on MP Bharj's account.

On my December account the error was a total of 754 with a potential financial loss of £5,164.90. After chasing the PPD, it confirmed my underpayment was £5,600 and settled the error without having to wait until the following month's statement. Asking about compensation probably had something to do with it.

Also, PSNC has replied to say that it has got several "work streams" looking at the statistical errors and how much this is impacting on pharmacy payments.

Considering I spotted this error by chance, and with the effects of category M reducing our payments, a campaign of awareness would be a great idea.

Alan Mitchell MRPharmS, by email

Pharmacists could end up like salaried NHS employees

Read Mark James's view on how the latest PPRS review could affect you:
chemistanddruggist.co.uk/letters

C+D Clinical

Travel vaccinations

An overview of vaccinations that might be recommended to travellers planning overseas trips

Key points

- Pharmacists should be able to answer the three main queries about travel vaccinations: which are needed, the risks and benefits of each, and schedules.
- One of the most commonly administered and effective vaccines is for hepatitis A.
- Typhoid and cholera are rare in travellers and the vaccines offer low protection (around 70 per cent).
- All travellers to Mecca during Haj must have had a recent meningitis ACWY vaccine.
- The yellow fever vaccine is highly effective but has been linked to severe, but rare, adverse effects.

Professor Larry Goodyer

The prospect of vaccinations is often a cause of some anguish and confusion to travellers, and they may seek advice from a pharmacy. The most important guidance the pharmacist can give is to ensure the traveller attends a GP-led or specialist travel clinic at least eight weeks before travel.

The second priority is to check whether a malaria endemic area is being visited and raise awareness of that extremely serious infection. Thirdly, ask travellers about the various health hazards to which they may be exposed.

There are probably three lines of enquiry regarding travel vaccines that are presented to the pharmacist (see table 1 opposite). It is therefore important that pharmacists have some background knowledge regarding the diseases these infections can cause and how the various vaccines are used.

The final recommendation of whether a vaccine is required will be made on a risk assessment of whether the traveller is likely

Reflect

What vaccinations would be needed for someone going to Ghana? Would the UK childhood meningitis vaccine give adequate cover for a Haj pilgrimage? For whom is yellow fever vaccination inadvisable?

Plan

Although vaccination requirements vary considerably from country to country, community pharmacists should have a basic knowledge of what is needed. This article describes the different types of vaccines available for travellers, their risks and for how long they confer immunity.

CPD This article can help in the following CPD competencies: **G1a, G1c, G1d, G1v, G8a, G8b, C1f, C2a**. See www.tinyurl.com/264zu

Only three vaccinations may be supplied on the NHS to travellers. However, individuals reluctant to pay for others should be warned that they may not be admitted to their destination if that country requires proof of vaccination against certain diseases

The College of Pharmacy Practice

This course (module 1436), in association with multiple choice questions being published in C+D May 3, provides one hour's continuing education

to contract the disease, the seriousness of the disease and any harm that may result from the vaccine. Because so many factors are involved, it is unlikely that pharmacists can give such a detailed assessment, unless they are providing a specialist service.

Food and water-borne diseases

Hepatitis A Of all of the diseases for travellers for which there is a vaccine, this is probably the one most likely to be encountered. It is the form of hepatitis least likely to have a fatal outcome but the symptoms of an acute infection, which is contracted through contaminated food or water, can incapacitate for many months. The vaccine – recommended when travelling to many developing countries – is highly efficacious, with a single injection conferring protection for up to a year. If a booster is given within 12 months, protection lasts 20 years or even longer.

Typhoid This is quite rare in travellers and 85 per cent of all cases originate from travellers to the Indian sub-continent. The vaccine only offers around 70 per cent protection, so uptake has fallen recently. There are two forms of vaccine: an oral live attenuated vaccine and a polysaccharide injectable vaccine. These are given as a single injection or a course of capsules and confer protection for up to three years.

Typhoid is contracted from food contaminated with *Salmonella typhi*, which is spread via the faecal-oral route, and may present as constipation or diarrhoea. There is a danger that the organism may penetrate the gut wall and spread to other parts of the body.

Cholera Cholera is extremely rare in travellers, even when visiting endemic areas during outbreaks, and the classic cholera symptoms are rarely encountered in healthy travellers when it is due to the El Tor 01 strain responsible for the current pandemic. Therefore, it is likely that cases go unreported as they are sometimes confused with travellers' diarrhoea. The characteristic watery diarrhoea is due to a toxin, so antibiotics have a limited effect. There is now an oral vaccine available that has a relatively low level efficacy (around 70 per cent) and only lasts one year, but it claims to also offer some protection against travellers' diarrhoea. It is usually recommended to those at greatest risk of contracting cholera, such as relief workers in refugee camps. International cholera vaccination certificates are not now required by any country.

Insect-borne diseases

Yellow fever This is one of the mosquito-borne diseases that can pose a great risk to unvaccinated travellers and there has been a resurgence in recent years. It is found in areas of sub-Saharan Africa and South America and is transmitted by the daytime-biting Aedes mosquito. This haemorrhagic viral disease has a high mortality of between 20 and 50 per cent.

The available live attenuated vaccine is highly effective and confers protection for 10 years from a single injection. Recently, however, it has been identified with rare, but quite severe, adverse effects including encephalopathy and other organ damage (visceral reactions). The elderly are more at risk of adverse effects and, similarly, a risk of encephalopathy in those under 16 months tends to contraindicate use in young children.

Some countries require a certificate of vaccination even if entering directly from the UK, though many only insist on it if travelling from a known yellow fever area. Due to the serious nature of the disease, vaccination is usually recommended if visiting endemic areas whether or not a certificate is required. A certificate only becomes valid 10 days after vaccination.

Japanese encephalitis This is perhaps among the rarest of diseases in travellers for which a vaccination is available. The viral disease is spread by the Culex mosquito, with domestic animals such as pigs acting as intermediary hosts. Found in south and south-east Asia, travellers visiting rural farming areas at times of high mosquito activity, such as during the monsoon, are at the greatest risk. The longer time spent exposed to these conditions, the more likely vaccination is to be recommended. The vaccine is not licensed in the UK and is therefore supplied only on a named patient basis. Delayed hypersensitivity reactions are not infrequent, so individuals should be observed for 30 minutes after vaccination and complete the course of three injections at least 10 days before departure.

Tick-borne encephalitis This is one of the few insect-borne diseases that are more prevalent in temperate regions than tropical ones. Those visiting many countries in Europe (particularly the Balkans) and planning walking holidays in forested areas are at the greatest risk. It is prevalent at certain times of year and is rare in travellers, but the increase in tick activity and the spread of the disease to 27 countries may result in an increase in cases.

It is a viral disease and affects the central nervous system, resulting in meningitis that is fatal in one in 30 cases. Only a small percentage of those bitten by ticks carrying the virus will progress to the symptomatic disease.

Diseases of contact

Meningitis This is not a condition limited to overseas travellers, but different strains are more likely to be encountered to those in the UK. In Europe, meningitis due to Neisseria meningitides serogroups B and C are more prevalent, whereas in Africa and the Middle East, types A, C, Y and W135 are more common.

There are two particular destinations in which the vaccine may be indicated. One is the meningitis belt of Sub-Saharan Africa,

Table 1. Some common questions on travel vaccinations

Do I need it for the country of destination?	Requires a risk assessment but initial guidance can be given by reference to the appropriate website such as Fit For Travel and NaThNaC (see CPD table on page 18).
How serious is the disease and what are the risks compared with possible risks of the vaccination?	See text regarding severity of illness. All vaccines can result in mild reactions, such as: • a local reaction resulting in a sore or swollen limb that resolves in a day or two, • mild systemic flu-like reactions. Paracetamol can be taken regularly to relieve these symptoms. Travellers can be reassured that symptoms will not necessarily reappear on subsequent injections. However it is usually best to avoid vaccination if there is concurrent infection or fever so injection reactions can be identified. True serious allergic reactions are rare. Other adverse effects specific to individual vaccines are discussed in the text.
Am I likely to be charged for the vaccination and how long before travel should I try to get myself vaccinated?	Only three vaccines – polio, typhoid and hepatitis A – are available on the NHS for travel purposes. Others may be given for other reasons, eg influenza vaccine. Travellers should be advised to visit a clinic at least eight weeks before departure. However, even last minute travellers should be encouraged to visit a travel clinic as shorter regimens for some vaccines may be possible.

which extends from Mauritania to Ethiopia, where there is an increase in the risk of meningitis in the dry season (December to June). The other is Mecca, where the dense population during the Haj has given rise to meningitis outbreaks. The Saudi authorities now request evidence of vaccination before granting entry to the country during Haj.

The disease spreads by droplet infection and all forms can have a serious outcome. The ACWY vaccine is highly effective and confers up to three years protection.

Rabies Almost any mammal can potentially transmit rabies but bites from a dog are the most common. It is also often overlooked that bats harbour the disease, and bites or even scratches from these animals may go virtually unnoticed. The disease is contracted from a bite, scratch or lick to an open wound where the virus can then travel along peripheral nerves and affect the central nervous system. If this happens, the fatality rate is 100 per cent.

If someone is bitten, there is an urgent need to receive further vaccination even if the person has been vaccinated already, as passive and active immunisation are necessary to remove any chance of contracting this dangerous disease. The advantage of pre-exposure vaccination is that antibody titres rise rapidly so rabies immunoglobulins are not then needed; these are usually difficult to obtain in many developing countries. It is now believed that, following the primary course of vaccination, no further pre-exposure boosters are required by most short-term travellers when they are going to destinations within easy reach of medical facilities. Those at continued and higher risk of rabies may need occasional boosters. The need for rabies vaccine is best identified through a formal risk assessment that also takes into account the distance from major centres likely to stock immunoglobulins, the incidence of rabies and how well stray dogs might be controlled (see www.nathnac.org).

Local reactions seem somewhat more common with rabies than other vaccines. The greater the number of boosters given after the primary course, the higher the chance of reaction.

Tetanus, diphtheria and polio These are considered together as they are diseases of contact that form part of childhood vaccination schedules and can only be administered to adults as one combined vaccine. Tetanus is a bacterial infection contracted through wounds and it is a toxin responsible for the potentially fatal disease. The vaccine is a toxoid where boosters are administered every 10 years to a maximum of five total doses unless exposed to a wound infection where tetanus is a danger. Further doses of pre-exposure vaccine can be considered if visiting areas where medical facilities are poor and tetanus vaccine may not be available should an accident occur. Both polio and diphtheria are contracted through droplet infections and are extremely rare in travellers.

Hepatitis B This is contracted via blood and body fluids, the active infection being associated with chronic liver failure and liver cancers. The individual may remain a lifetime carrier once infected. The traveller is at risk if exposed to invasive treatments such as blood transfusions or injections, particularly in countries with poor medical facilities. The other important route of infection is via sexual contact.

Hepatitis B is a potential risk worldwide and many countries include it as part of their childhood immunisation programmes (though not the UK). There are a variety of potential regimens and it can be expensive. However, a combined vaccine with hepatitis A is available on the NHS. The vaccine is highly effective and after completion of the course, immune memory lasts for up to 20 years, with some experts suggesting lifetime protection.

Professor Larry Goodyer is head of the Leicester School of Pharmacy and an expert in travel medicine.

For references and useful travel websites go to www.chemistanddruggist.co.uk/update

Your Continuing Professional Development CPD

Act

- Make yourself familiar with the various travel health websites and sources of information so you can answer customers' questions easily. The Travel Turtle site via www.chemistanddruggist.co.uk and www.fitfortravel.nhs.uk enables you to select a destination and get advice on the necessary vaccination and malaria prophylaxis.
- Read the National Travel Health Network and Centre – www.nathnac.org – advice for health professionals on all the diseases mentioned in the article, together with the vaccines and their schedules. The site also has recent health updates and printable information sheets for travellers.
- Using the NaTHNaC site and/or the BNF, work out the intervals needed for giving a full course of travel vaccines to popular holiday destinations such as Africa, South America and south-east Asia. Eight weeks is recommended as the optimum time needed, but which vaccines could confer some benefit if a traveller had to go abroad at a month's notice?
- Read the NHS booklet Health Advice for Travellers, which explains how to get medical treatment abroad, including the European Healthcare Insurance Card (EHIC) www.dh.gov.uk/en/Healthcare/healthadvicefortravellers/DH_4135688
- Read a previous Update article by this author (C+D, July 28, 2007, p17-20).
- Many serious diseases in travellers are caused by insects infected with parasites. Revise your knowledge of insect repellents and other anti-bite measures and make sure these products form part of your recommendations.

Evaluate

Are you now able to give travellers useful general advice on travel vaccines? Can you access current recommendations quickly?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the May 3 issue, which will cover this month's three CPP-accredited modules.

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on **01732 377269**.

Chemist+Druggist in association with Genus Pharmaceuticals

C+D

GENUS PHARMACEUTICALS

The 1st oral analgesic POM to P switch in 25 years

Naproxen 250 mg

Recommend Feminax Ultra for long lasting relief from period pain and menstrual cramps

- ✓ Available for the first time without prescription
- ✓ New maximum strength Feminax® Ultra with Naproxen 250 mg
- ✓ Works directly at the site of pain

£2m TV campaign

STOCK UP NOW

Product Information - Feminax® Ultra 250 mg Gastro-resistant tablets (naproxen)
Indications: Treatment of primary dysmenorrhoea in women aged 15 to 50 years. **Dosage and Administration:** Day 1 - two tablets (500 mg) followed by one tablet (250 mg) after 6 to 8 hours if needed. Days 2 and 3 - one tablet (250mg) every 6 to 8 hours if needed. Maximum dose is three tablets daily. Maximum duration of continuous treatment in any one cycle is three days. **Contra-indications:** History of, or active peptic ulceration or gastrointestinal bleeding. History of gastrointestinal perforation related to previous non-steroidal anti-inflammatory drug (NSAID) therapy. Hypersensitivity. Aspirin or NSAID induced asthma, rhinitis or urticaria. Severe heart failure. **Warnings & Precautions:** Use the lowest effective dose for the shortest duration necessary to control symptoms. Avoid use with concomitant NSAIDs, including cyclooxygenase-2 selective inhibitors. Caution in patients with a history of cardiovascular and cerebrovascular events due to a small increased risk of arterial thrombotic events. Caution in gastrointestinal disease, impaired renal or hepatic function, and patients receiving concomitant medications which could increase the risk of gastro-intestinal ulceration or bleeding. If GI bleeding or ulceration occurs, treatment should be withdrawn. Anti-inflammatory and antipyretic activities of naproxen may reduce inflammation and fever, diminishing their utility as diagnostic signs. Anaphylactoid reactions may occur. May elicit bronchospasm in patients with a history of asthma or allergic disease. Naproxen decreases platelet aggregation and prolongs bleeding time. Patients with coagulation disorders should be carefully observed. Discontinue treatment at the first appearance of skin rash, mucosal lesion, or any other sign of hypersensitivity. Use with steroids only under supervision of a doctor. Patients who develop visual disturbances during treatment should undergo ophthalmological examination. Women who first experience period pain more than a year after starting menstruation should only take naproxen on the advice of a doctor. Contains lactose. Should not be taken by patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption. **Use in pregnancy:** Should not be used during pregnancy or lactation except on the advice of a doctor.

Side-effects: Most commonly gastrointestinal. Peptic ulcers, perforation or GI bleeding, sometimes fatal, may occur. Nausea, vomiting, diarrhoea, flatulence, constipation, dyspepsia, abdominal pain, melaena, haematemesis, ulcerative stomatitis, exacerbation of colitis and Crohn's disease have been reported. Less frequently, gastritis has been observed. Hypersensitivity reactions have been reported following treatment with NSAIDs and may consist of (a) non-specific allergic reactions and anaphylaxis (b) respiratory tract reactivity comprising asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angioedema and, less commonly, bullous dermatoses (including epidermal necrolysis, erythema multiforme and Stevens-Johnson Syndrome). Oedema, hypertension, cardiac failure, eosinophilic pneumonitis and aseptic meningitis have been reported. Use of coxibs and some NSAIDs (particularly at high doses and in long term treatment) may be associated with a small increased risk of arterial thrombotic events. Other adverse events reported less commonly include: Nephrotoxicity, including glomerular nephritis, interstitial nephritis, nephrotic syndrome, haematuria and renal failure. Abnormal liver function, hepatitis and jaundice. Visual disturbances, optic neuritis, headaches, paraesthesia, depression, confusion, hallucinations, tinnitus, hearing impairment, vertigo, dizziness, convulsions, insomnia, inability to concentrate, cognitive dysfunction, malaise, fatigue and drowsiness. Thrombocytopenia, neutropenia, agranulocytosis, aplastic anaemia, hyperkalaemia and haemolytic anaemia. Photosensitivity, alopecia. Bullous reactions including Stevens-Johnson Syndrome and toxic epidermal necrolysis (very rare).

Cost: 9's retail £3.65 (ex VAT). **MA Number:** PL 00289/0699. **MA Holder:** TEVA UK Limited, Eastbourne, BN22 9AG. **Distributor:** Bayer plc, Consumer Care Division, Newbury, Berkshire, RG14 1JA. **Legal Category:** P
Date of Preparation: February 2008

Feminax® Ultra is a Registered trademark of Bayer AG.

BAYER Bayer

Clinical Alerts

New Products

Abilify 7.5mg/ml solution for injection 1.3ml vial (aripiprazole) Indicated for the rapid control of agitation and disturbed behaviour in patients with schizophrenia, when oral therapy is not appropriate. Bristol-Myers Squibb, tel: 01895 523000.

Loramyc 50mg muco-adhesive buccal tablets (miconazole) Indicated for the treatment of oropharyngeal candidiasis in adults. SpePharm UK, tel: 0844 8007335.

Meningetec pre-filled syringe 0.5ml (adsorbed meningococcal C conjugate vaccine) Licensed for the active immunisation of children from two months of age, adolescents and adults for prevention on invasive disease caused by Neisseria meningitides serogroup C. Wyeth Pharma, tel: 01628 604377.

SPC Changes

Abilify oral range (aripiprazole) Now indicated for the treatment of moderate to severe manic episodes in bipolar disorder and the prevention of new manic episodes. Bristol-Myers Squibb, tel: 01895 523000.

Daktarin oral gel (miconazole) Age of first use increased from 28 days to four months.

Somatuline Autogel range (lanreotide) Information added on administration of injection by patient or carer.

Mirapexin range (pramipexole) Hypersexuality added to side effect profile.

Medrone tablets (methylprednisolone) Warnings and undesirable effects section updated to include potential for psychiatric side effects with systemic steroids.

Cordarone X tablets (amiodarone hydrochloride) Bone marrow granulomas, angioedema and pulmonary haemorrhage added to side effect profile.

www.emc.medicines.org.uk

DTB thumbs down for glitazone monotherapy

The Drug and Therapeutics Bulletin has warned against using a glitazone as diabetes monotherapy, despite the agents being licensed for use in this way.

The DTB says there is "no convincing evidence" that either pioglitazone or rosiglitazone offer any benefits over metformin or a sulphonylurea in terms of clinical outcomes. The evidence for the role of glitazones – also known as thiazolidinediones – in triple therapy is also weak. Part of the issue appears to be the agents' side effect profile, which includes weight gain, heart failure, bone loss (in women) and peripheral oedema, according to the DTB.

However, the publication supported the use of glitazones in combination with metformin or a sulphonylurea, in patients who cannot take the two drugs together. Pioglitazone is "probably safer" than rosiglitazone, the review concludes.

The DTB view is supported by the Midlands Therapeutics Review and Advisory Committee. MTRAC concludes that the antidiabetic's lack of superiority over other agents means it should have a "relatively low place in therapy".

www.dtb.bmj.com

Trimethoprim switch under Welsh fire

A top Welsh public health physician has argued that trimethoprim should not be made available over the counter.

In a letter to the BMJ, Welsh Antimicrobial Resistance Programme head Dr Robin A Howe wrote that it was paradoxical to remove restrictions on trimethoprim when restrictions on antibiotic use in hospitals are becoming stricter.

Dr Howe quoted evidence that use of trimethoprim is associated with resistance to the antibiotic, and that it also selects for resistance to ciprofloxacin.

Antibiotic use should be restricted, he wrote, because increased trimethoprim use was likely to eliminate a valuable oral therapeutic treatment option in MRSA.

www.bmj.com

Pneumonia is down but pneumococcal serotype 1 rises

Health Protection Agency figures show a rise in pneumococcal serotype 1 infections despite an overall reduction in pneumococcal infections, the Royal College of Paediatrics and Child Health annual scientific conference has been told.

Respiratory paediatricians based at the Freeman Hospital, Newcastle upon Tyne, led by Dr David Spencer, reported that the increase in serotype 1 was in line with what was being seen in other parts of the world.

Serotype 1 is not covered by currently available pneumococcal vaccines, but will be covered by vaccines due to launch in about two years.

Dr Spencer reported that the introduction of the vaccine had led to falls in the number of cases of pneumonia in children.

"However, it's as if the pneumococcal bacterium abhors a vacuum and is trying to fill it with serotype 1 infection," Dr Spencer told C+D.

He added that the HPA surveillance would be needed to inform pneumococcal vaccine development in the future.

www.hpa.org.uk

Clinical News

Omega-3s and Crohn's

Omega-3-free fatty acids do not prevent relapse of Crohn's disease, a paper in JAMA has said. The study randomised over 700 patients to supplements or placebo, and tracked relapse rates.

www.jama.ama-assn.org

Drugs cut suicide slightly

Antidepressant treatment cuts suicide rates among older people by only around 10 per cent, according to a paper in the Journal of Epidemiology and Community Health based on data from more than two million people aged 50 years and over.

http://tinyurl.com/4ha5uu

Antioxidants not panacea

A Cochrane review of 67 studies involving just under a quarter of a million people has concluded that antioxidants do not prolong life expectancy. In fact, the reverse appeared to be true in subjects on vitamins A, E and beta-carotene.

www.library.nhs.uk

Three-day antibiotic limit

Children with non-severe community-acquired pneumonia should be given antibiotics for three days but not longer, a Cochrane review of three large studies has found.

www.library.nhs.uk

Sinusitis under review

Antibiotics only marginally speed up recovery from sinusitis, a Cochrane review has concluded. The analysis drew on data from 57 studies involving 16,000 patients.

www.library.nhs.uk

New items of misuse list

The RPSGB has updated its Substances of Misuse list, which details OTC and POM medicines, non-medicinal products, and controlled drugs and chemicals that may be abused. The list also has details of products that could be used to manufacture fireworks.

www.rpsgb.org/pdfs/subsmisuseguid.pdf

A Practical Approach

MURs

"It's Dr Hahn on the phone, and he sounds pretty angry," says Brenda, dispensing technician at Update Pharmacy. Pharmacist David Spencer takes the handset and the voice at the other end of the line says: "I've just received something called a 'Community Pharmacy Medicines Use Review & Prescription Intervention Service' form from you, instructing me to make changes in my prescribing for a patient. How dare you criticise my prescribing and interfere in my clinical relationship with my patient?"

"Let me explain," David replies. "The patient asked if I could help him, because his repeat medications were running out at different times and he had to keep making visits to the surgery to get prescriptions. He said it was too trivial a problem to bother you and asked me to supply extra amounts of some of his medicines to even them out. I said I couldn't do that but that I could ask you to synchronise the amounts.

"I took the opportunity to carry out a medicines use review,

which is a relatively new NHS contractual service, intended to ensure that patients are getting the maximum benefit from their prescribed medication.

"The form shows his condition is well controlled and without any adverse effects from his medication. I thought you might have been pleased to see how successful your prescribing has been. There was no criticism on the form, and I was merely recommending an adjustment of quantities."

"I don't know why you chemists can't just stick to what you know – doling out medicines and selling hairsprays. In future I don't want you doing this for any of my patients," says Dr Hahn.

Questions

1. Can a GP prohibit a pharmacist carrying out MURs for his/her patients?
2. What should David do if he feels that another of Dr Hahn's patients should have an MUR?

Answers

1. No. Patients must consent to an MUR being carried out, but GPs have no power to prevent pharmacists conducting them for their patients.
2. He should perform one. He does not need to send a report form to the GP, but does need to inform him a review has taken place. If David finds some action is necessary by the GP as a result of the MUR he is duty bound, in the interests of the patient, to report this. David may be able to resolve the problem by contacting the PCT, who may explain to the GP about MURs and that it is in patients' interests to allow them to be carried out.

This article can help in the following CPD competencies: **G1d, G1k, G1e, G2k, C1c, C4b, C5c.** See www.tinyurl.com/194zu

CPD

C+D's A Practical Approach is supported by APOTEX UK LTD

AVAILABLE FROM APOTEX UK

Perindopril

tert-butylamine
(erbumine)

Available in
2mg, 4mg & 8mg tablets

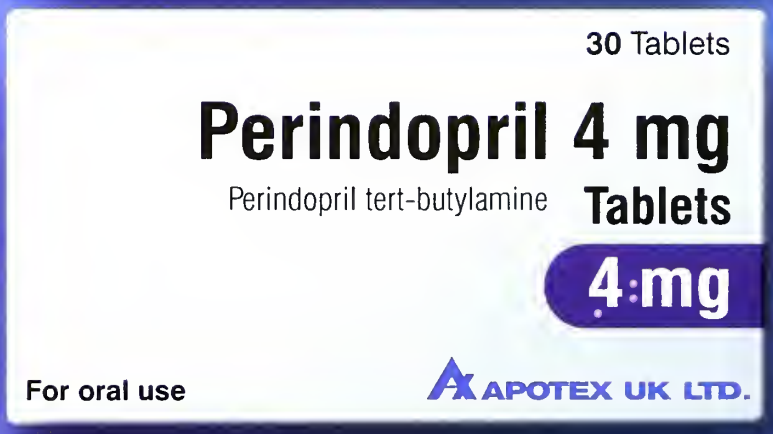
In our aim to lead the way in the supply of quality medicines and services to healthcare professionals, Apotex UK ensures excellent service and reliability of supply. Not only will you spend less, you can also rest assured that orders will be fulfilled and delivered on schedule, allowing you more time and resources to be allocated to your patients and customers.

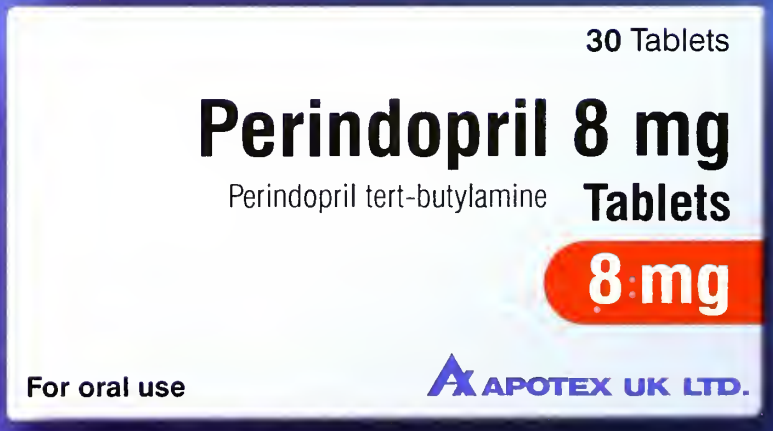
For more information about Apotex UK and the products and services we offer, please call us on:

01525 243550

APOTEX UK LTD
Excellence in Healthcare

Apotex UK Limited, Ridgeway Court, Grovebury Road,
Leighton Buzzard, Beds. LU7 4SF
Tel: +44 (0)1525 243550 Fax: +44 (0)1525 243551
www.apotex.com





ABBREVIATED PRESCRIBING INFORMATION
Perindopril tert-butylamine 2, 4 and 8mg tablets **Presentation.** 2mg: white round bisoprolol tablets containing perindopril tert-butylamine 2mg. 4mg: white capsule shaped biconvex tablets containing perindopril tert-butylamine 4mg. 8mg: white capsule shaped biconvex tablets containing perindopril tert-butylamine 8mg. **Indications:** Hypertension, symptomatic heart failure, stable coronary artery disease. **Dosage and administration:** Hypertension: 4 mg once a day in the morning. If necessary, dose may be increased to 8 mg after one month of treatment. Symptomatic heart failure: perindopril should be given under close medical supervision at a starting dose of 2mg in the morning. This may be increased to 4 mg once daily if tolerated. Stable coronary artery disease: start treatment at 4mg once daily for two weeks then increase to 8mg. Elderly patients: start treatment at 2 mg daily. Children: Not recommended. **Contraindications:** Hypersensitivity to perindopril, its excipients or any ACE inhibitor, history of or hereditary angioedema, pregnancy. **Precautions:** Episode of unstable angina pectoris occurring in first month of treatment for stable coronary artery disease, assess benefit/risk before continuing. Symptomatic hypotension is rarely seen, but is more likely in volume-depleted patients, those receiving high dose loop diuretics. Caution in patients with mitral valve stenosis and aortic stenosis or hypertrophic cardiomyopathy, surgery/anaesthesia. Hypersensitivity or angioedema: discontinue therapy promptly and monitor appropriately until symptom resolution. Diabetic patients: glycemic control monitored in first month of treatment. Renal insufficiency: the dose should be adjusted in accordance with the creatinine clearance. Lactation: not recommended in women who are breast feeding. Potassium supplements or potassium sparing diuretics are not recommended. Combination with neuroleptics or tricyclic antidepressants may increase the hypotensive effect. Serum lithium concentrations may rise during lithium therapy. **Side effects:** Common side effects include cough, tinnitus, asthenia, headache, dizziness, vertigo, paresthaesia, pruritus, visual disturbances, epigastric discomfort, nausea, abdominal pain. Less frequently, dry mouth, sweating, bronchospasm, renal insufficiency, disturbances of mood and/or sleep, angioedema. Rarely: Cardiovascular events, rhinitis, erythema multiforme, hepatitis, pneumonia, blood dyscrasias. See SmPC for complete list of undesirable effects. **Package quantities and price:** 2, 4 and 8mg strengths in blister packs of 30 tablets £10.29. **Legal category:** POM. **Marketing authorisation numbers:** 2mg: PL15922/0070, 4mg: PL15922/0071, 8mg: PL15922/0073 **Marketing authorisation holder:** Apotex Europe Ltd., Rowan House, 41 London Street, Reading, Berkshire, RG1 4PS. Date of preparation: April 2008.

Information about adverse event reporting can be found on **www.yellowcard.gov.uk**. Adverse events should also be reported to Apotex UK Ltd. +44 (0)1525 243550

Apo/Perin/08/1 April 2008

Two go into one

A 100ml size of Eucerin dry skin intensive 10 per cent urea cream is replacing the existing 50ml and 150ml tubes.

The move will simplify stock holding, says manufacturer Beiersdorf.

Consumer advertising for the Eucerin brand is ongoing and includes online advertising and sampling activity.

Press activity will follow later this year.

Price: £12.39/100ml
Pip code: 336-0120
Beiersdorf
Tel: 0121 329 8800

Berocca's burst of energy

Energy supplement Berocca is being advertised on television and in cinemas in its first such campaign. Running until late May, the activity represents a £2 million promotional spend.

The 10 and 30-second creatives feature a group of strangers who meet on the street and perform a choreographed dance routine on treadmills, showing the "positive effects" Berocca can have, says manufacturer Bayer Healthcare.

The tagline 'Berocca – you, but on a really good day' brings the ads to an end. Music is provided by 80s hit 'Living on the ceiling' by Blancmange.

Busy men and women in the 25 to 49 age bracket are the core target audience and the advertising is expected to encourage trial.

Product info:
Ceuta Healthcare
Tel: 01202 780558

Nad's stacks up with new look

The Nad's hair removal range has been repackaged and is set to benefit from promotional activity this year. Packs are now stackable for better shelf management and materials are recyclable.

The design is said to bring greater synergy across the range and is expected to appeal to new users, particularly young first time users of hair removal products.

Six lines are available in the UK including a facial wand, hair removal gel and hair removal strips. Unlike wax products, Nad's requires no heating before use. The brand uses natural ingredients, is water-soluble and the results last up to eight weeks.

Product info:
Jenks Sales Brokers
Tel: 01844 293600

Pass it on!

Three great reasons for your staff to read OTC

Improve their product knowledge

Scenario-based learning

Free training materials

OUT SATURDAY 19 APRIL

In this month's issue:

- **Hayfever**
- **First aid**
- **Babycare**
- **Competitions and quizzes – prizes to be won**
- **The 100 best-selling beauty products in pharmacy**

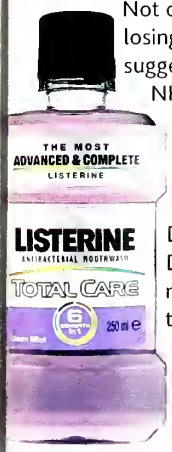
Pass it on and once a month with C+D

Please pass it on to your pharmacy staff

otc

More gum disease

Over half of all adults in Britain are suffering from periodontitis, shows a report commissioned by Listerine.



Not only are people losing teeth, estimates suggest it is costing the NHS more than £2.7 billion a year.

The University College London report, Periodontal Disease in Modern Day Britain, found men are more likely to have periodontal disease (57 per cent compared with 51 per cent of women); over 13 million Brits brush their teeth just once daily, and people with highly flexible working times brush their teeth more often.

Listerine brand manager Mona El-Kheshen said: "Consumers need to be educated about their risks for developing periodontal disease, as well as methods of prevention."

Product info:
Johnson & Johnson Ltd
Tel: 01628 822222

Retail TALK

Did the Easter chocolate binge boost interest in weight loss products?

WEB VERDICT:

Yes: 4%
No: 96%

Off the shelf view: Well, that was a resounding 'No'! Has Joe Public decided he doesn't care how fat he is? Or did he show some restraint and not gorge himself full to bursting? Perhaps sales of slimming aids will only take off when (if) the summer arrives.

This week: Have you made your first OTC sale of Feminax Ultra? Vote at **www.chemistanddruggist.co.uk/products**

Trial backs Full Marks Solution

A 10-minute application of Full Marks Solution is effective at treating head louse infestation, a trial has shown.

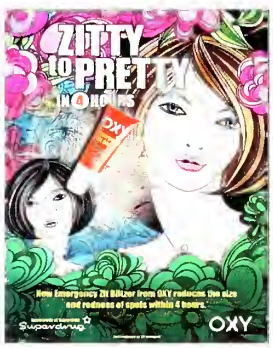
The product was effective against head lice in 82 per cent of cases after two 10-minute applications seven days apart, the study of 164 subjects found. The authors added that there were no known mechanisms by which head lice could develop resistance to Full Marks. Its active ingredients had no pharmalogical activity at the cellular level and appeared to act by blocking the tracheal breathing system of the louse, the study, which was published in the Pharmaceutical Journal last month, found.

Product info:
SSL International
Tel: 0870 122 2689

Oxy ads are spot on

Advertising for Mentholatum's Oxy skincare brand won recognition at this year's OTC Marketing Awards. The 'Zitty to pretty' and 'Rough to buff' ads seen on phone boxes and litter bins last spring and autumn landed the 'best consumer advertising in other media' title.

Brand manager Jill Ritchie said: "This campaign gave Oxy a great boost and the execution was just what we wanted. It provided something a little different which would be seen by the people we



wanted to reach – teenagers and their mothers. The ads focused on Oxy Emergency Zit Blitzer, but the whole range benefited from the campaign by keeping the brand in the minds of our target market."

Product info:
Laser Healthcare
Tel: 01202 780558

Products advertised on TV next week

Berocca: All areas
Front Line Spot On: GMTV, five, Sat, West Country
Hedrin: GMTV, five, Sat
Rennie Dual Action: All areas
Seabond: All areas
Seven Seas JointCare & CLO: All areas
PharmaSite for next week: Freederm – windows, **Freederm** - in-store, **Freederm** – dispensary
Pharmacy channel: Give it up!, Clearly Herbal

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

A pain in the NEWS

Painkillers seem to be dominating the headlines – but what is the latest guidance on these drugs? Emma Wilkinson finds out

> "In healthy adults who take aspirin as a 'lifestyle choice' the risks may outweigh any benefits"

The past few years have seen a host of safety fears over painkillers. From lawsuits over Vioxx to conflicting reports on the benefits and dangers of aspirin, patients have been left confused about what analgesia is safe and for how long they should take it. Patients with chronic conditions, such as rheumatoid arthritis, often feel they have no choice but to take medications that regulators say are best avoided. So what is the latest safety advice and is it being heeded by prescribers and patients?

Co-proxamol

The withdrawal of co-proxamol last year by the Medicines and Healthcare products Regulatory Agency (www.mhra.gov.uk) prompted criticism from some quarters that regulators were being far too cautious.

Underlying the staggered phase-out of the drug was a concern that the risk of accidental overdose did not outweigh the benefits associated with the drug. Co-proxamol was thought to be implicated in 300 to 400 deaths each year in the UK, one-fifth of them accidental overdose and the rest suicide. The drug is now available only on a named-patient basis for those who have found the alternatives ineffective. As the licences for the drug are now cancelled, there is also concern about whether co-proxamol will continue to be made available in the UK. Campaigners are still pushing for a review of the decision. Arthritis Care wants to see it made a controlled drug to restrict access, but at the same time ensure continued supplies for those who really need it.

Figures show that, in January this year, some 43,000 patients remained on co-proxamol. And a study published in Rheumatology[1] found 69 per cent of a group of patients who had switched wanted to return to the drug. The drugs bill to the NHS for the hard core of patients who remain on co-proxamol has soared from £2.79 for 100 tablets to £20.36 since the withdrawal – because of the reclassification from category M to C medicine. Yet a GP survey suggested 40 per cent of doctors would still prescribe it on a named-patient basis.

Arthritis Care is collecting case examples of patients who have struggled to obtain co-proxamol as part of its campaign to ensure continuing availability (www.arthritiscare.org.uk). As yet there is no indication the MHRA is willing to review its decision.

NSAIDs

Of all classes of analgesics, and perhaps even of drugs in general, NSAIDs have come under the most scrutiny in recent years. It had long been known that NSAIDs were associated with gastrointestinal side effects, hence the development of Cox-2 inhibitors, which carry a lower GI risk. But Cox-2s hit the headlines for different reasons when rofecoxib was withdrawn in 2004 because of an increased risk of thrombotic events. More recently, there has been emerging evidence that traditional NSAIDs, such as naproxen, are also associated with cardiovascular risks.

Overall the MHRA has concluded traditional NSAIDs may be associated with a small increased cardiovascular risk, particularly for high doses and for long-term treatment. To clarify the wealth of research that has been published in this area, the National Prescribing Centre (NPC) recently issued a guide on prescribing in people at risk of GI and CV events (www.npc.co.uk).

Prescribing of NSAIDs has fallen from a high of five million prescription items per quarter in 2004 to 4.3m items in the first quarter of 2007-08. The most commonly prescribed NSAID by far is diclofenac, accounting for 45.9 per cent of prescriptions. This figure is particularly relevant given the NPC has indicated it has the worst CV risk profile of all traditional NSAIDs, putting it on a par with Cox-2 inhibitors. Generally diclofenac is not a good choice for those with CV risks. Low-dose ibuprofen is associated with a lower GI risk than diclofenac or naproxen. And given its lower CV risks, it should be the first choice NSAID, the NPC recommends. Co-prescribing with PPIs should be considered to lower GI risks, the guideline adds.

Reducing a patient's dependency on NSAIDs is not easy and many are willing to put up with increased risks of adverse events in order to properly control their pain. Scottish researchers have been investigating whether cod liver oil supplements may help people with rheumatoid arthritis reduce their NSAID dose. Their results, published last month in Rheumatology[2] and reported in the national media, showed taking 10g of cod liver oil a day reduced NSAID intake by 30 per cent. Although this was a small trial of 60 patients, the Dundee University researchers are hoping to pool the data with some similar US research in order to inform policy makers.

Cox-2 inhibitors

Cox-2s have been found to be associated with an excess risk of thrombotic events of around three cases per 1,000 patients treated for a year. The risk is also thought to be dose dependent. Since the initial withdrawal of rofecoxib from the market, all Cox-2s are now contraindicated for patients with established ischaemic heart disease, peripheral arterial disease and/or cerebrovascular disease. Correspondingly, their use in recent years has dropped and it is estimated that around 80,000 people in England are taking a Cox-2 inhibitor. This could mean

CPD

Analgesics CPD

This article can help with the following CPD competencies: G1a, G1c, G1e, G8a, C1a, C3b, C3e

Reflect

- Are you aware of the recent changes to the licensing of co-proxamol?
- Do you understand how and when the drug should be prescribed now? And Cox-2 inhibitors?
- Could you explain the place in therapy and the risks of long-term analgesics to your patients, particularly with regards to NSAIDs?

Plan

This article explains recent changes to different types of prescription-only analgesics, including co-proxamol, NSAIDs, Cox-2 inhibitors and aspirin. The activity for your learning plan and to meet your learning objectives is reading the article and completing the action points on the next page.

they are responsible for an additional 240 premature CV events a year in England, the NPC warns. Their use in clinical practice may be limited, especially as co-prescription of a traditional NSAID with a PPI appears as least as effective as Cox-2s in reducing GI side effects. However, recent guidance from Nice for osteoarthritis suggests they still have a place.

Nice

Guidelines published by Nice in February (www.nice.org.uk) state first-line treatment for osteoarthritis should be paracetamol for pain relief in addition to basic therapy of weight loss, information and advice and exercise. Alongside paracetamol, topical non-steroidal NSAIDs should be considered ahead of oral NSAIDs, Cox-2 inhibitors or opioids, the guidelines state.

After "extensive" health-economic evaluation, taking into account efficacy, adverse effects and current costs, Nice came up with the following protocol: where paracetamol or topical NSAIDs are ineffective, an oral traditional NSAID or Cox-2 inhibitor should be considered. This should be used at the lowest effective dose for the shortest possible period of time, as already stated by the MHRA. First choice should be either a standard NSAID or a Cox-2 inhibitor (other than etoricoxib 60mg) co-prescribed with a PPI. This is in conflict with the NPC recommendations, which state that there is no evidence that a Cox-2 plus PPI is better or worse than NSAID with PPI. However, there is a caveat – that when making the choice of agent and dose, individual patient risk factors, including age, need to be taken into account. If low dose aspirin is prescribed for other reasons, other analgesics should be tried before NSAIDs or Cox-2 inhibitors.

Aspirin

Headlines over the past few months would suggest aspirin is a wonder drug, associated with benefits in bowel cancer, pre-eclampsia, asthma and prostate enlargement to name but a few. This, in addition to well documented benefits of aspirin in prevention of thrombotic events, means many adults may take it to ward off illnesses such as cancer and stroke.

But a large study in The Lancet Neurology[3] showed a daily dose of aspirin in some patients may do more harm than good. In the past 25 years, the number of strokes associated with blood-thinning drugs such as aspirin or warfarin has risen seven-fold, University of Oxford researchers reported. The risk is particularly high in the over-75s. The team concluded that the increasing use of aspirin and other antithrombotics may soon take over from high blood pressure as the leading cause of intracerebral haemorrhagic stroke in the over-75s. Those who are prescribed aspirin for cardiovascular disease should continue to take it, but in healthy older adults who take aspirin as a 'lifestyle choice' the risks may outweigh any benefits, the research suggests.

References
1. Rheumatology 2008; 47(3): 375
2. Rheumatology 2008 Mar 24 [Epub ahead of print]
3. Lancet Neurol 2007; 6(6): 487-9

Product news

Joint pain has found an enemy in Anadin

Anadin Joint Pain from Wyeth Consumer Healthcare is said to be the first non-prescription oral analgesic targeted towards joint pain.

A recent report from Anadin revealed 70 per cent of women over 40 were frequently troubled by this category of pain. Anadin Joint Pain contains ibuprofen 200mg and the dose (two 200mg tablets) has been formulated to last up to eight hours.

A media campaign is raising awareness among consumers this year.

Anadin Joint Pain is priced at £2.46 for 16 tablets and £5.79 for 48 tablets.

Cura-Heat activity hots up later in the year

Heat patch brand Cura-Heat will be supported by TV advertising later this year and new launches will join the range.

Heat wraps now make up 20 per cent of the topical analgesics markets and their value is in excess of £13 million.

Cura-Heat products include Arthritis Knee & Wrist, Neck & Shoulder Pain and Period Pain variants. Prices start at £1.99 for a back pain single heat patch.

Maverick Sales & Marketing; tel: 01628 478555; www.kobayashihealthcare.com

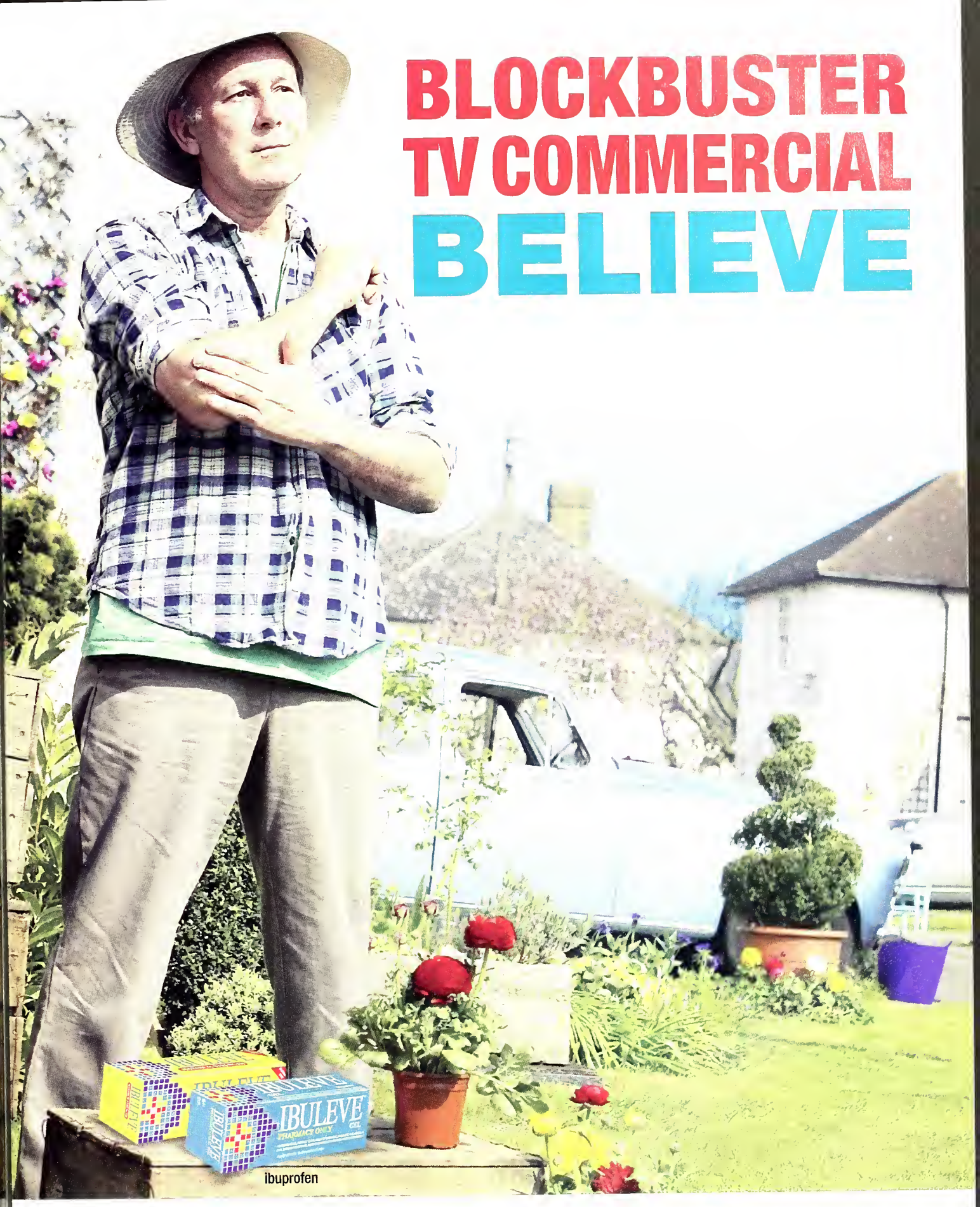
CPD

Act

- Do you understand how co-proxamol may now be prescribed? You may find it useful to write a brief summary of the changes and display it in your dispensary. To understand the background to the changes, visit www.mhra.gov.uk/NewsCentre/CON2025739.
- Information on appropriate prescribing of NSAIDs can be confusing – do you understand which drug should be prescribed in which situation? And the relative side effect profiles of different drugs? For more information, read the BNF Section 10.1.1, and a recent NPC guide www.npc.co.uk/MeReC_Extra/2008/no30_2007.html.
- Read Nice's recently published guidance on osteoarthritis, which outlines roles for many analgesics, including paracetamol, NSAIDs and Cox-2 inhibitors, available at www.nice.org.uk/guidance/CG59.
- Keep an eye out for any aspirin prescriptions for patients over 75 years. Consider whether, in light of recent research findings, these patients should be on the drug. Should you contact the prescriber to discuss it further?

Evaluate

Do you now feel up to date with recent developments in the field of POM analgesics? If you want more detailed information than provided by this article, have a look at the references supplied. Another useful source of information for NSAIDs is www.cks.library.nhs.uk/nsaids. Or you may want to consider ordering one of the CPPE open learning packages on musculoskeletal disorders, via www.cppe.ac.uk.



With a powerful campaign and heavyweight TV support, pain sufferers are singing the power of Ibuleve! Stock up now.

IBULEVE Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. Indications: For the relief of backache, rheumatic and muscular pain, sprains and strains. Also for pain relief in non-serious arthritic conditions. Directions: Lightly apply 2 to 5 cm of gel (50 to 125 mg ibuprofen) to the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily. Contraindications: Not to be used if allergic to any of the ingredients, or in cases of hypersensitivity to aspirin, ibuprofen or related painkillers (including when taken by mouth), especially where associated with a history of asthma, rhinitis or urticaria. Not to be used on broken skin or where there is infection or other skin disease. Not to be used during pregnancy or lactation. Precautions: Not recommended for children under 12 years without medical advice. If symptoms worsen or persist, consult a doctor or pharmacist. Patients with asthma, an active peptic ulcer or a history of kidney problems should consult their doctor before use, as should patients already taking aspirin or other painkillers. Interaction with blood pressure lowering drugs may occur, but is very unlikely. Keep away from the eyes, nose and mouth. Keep all medicines out of the reach of children. FOR EXTERNAL USE ONLY. Side-effects: In normal use, side-effects are very rare, but may occasionally include hypersensitivity reactions, and in susceptible individuals renal and/or gastrointestinal side effects. Legal category: P. Packs: Ibuleve Gel (PL 0173/0060) - 30g, RSP £4.25 (£3.62 exc VAT), and 50g, RSP £5.95 (£5.06 exc VAT). Ibuleve Maximum Strength Gel (PL 0173/0176) - 30g, RSP £5.45 (£4.64 exc VAT) and 50g, RSP £7.45 (£6.34 exc VAT).

C+D

0207 921 8333

Booking and copy date
12 noon Monday prior
to Saturday publication subject
to availability

Contact:
Simon Pittman
Chemist + Druggist (Classified),
CMP Information Ltd
Ludgate House
245 Blackfriars Road
London SE1 9UY

T: 0207 921 8333
F: 0207 921 8130

www.chemistanddruggist.co.uk
c&dsales@cmpi.biz

Hotel Contracts Manager

PHOENIX Healthcare Distribution Limited

PHOENIX Healthcare Distribution Ltd

Job Vacancy

HOSPITAL CONTRACTS MANAGER

PHOENIX is a pan-European pharmaceutical company which in the UK has a distribution network of 13 depots from which pharmaceutical products are delivered on a daily basis to independent pharmacies, dispensing practices and hospitals. PHOENIX owns a network of 500 retail pharmacies, trading as Rowlands Pharmacy and employ in excess of 5,000 staff nationwide.

Due to the rapid growth in PHOENIX's hospital business, we have an exciting opportunity for a Hospital Contracts Manager to join our hospital team and to contribute to our continuing success.

Based in Portsmouth, working closely with and reporting to the Hospital Development Manager, you will be responsible for identifying new business opportunities and ensuring that all hospital tenders and contract awards are requested and implemented on time. You will provide the essential link between pharmaceutical manufacturers and NHS/private hospitals, therefore you will need to communicate and co-ordinate effectively at all levels within the industry, within your team and with PHOENIX internal departments.

The ideal candidate will have an understanding of pharmaceutical manufacturing or pharmaceutical wholesaling and distribution with a strong belief in the significance of good business relationships. Due to the detailed nature of the contracting process, the ability to use Microsoft PowerPoint, Word and Excel at a high level is essential. The varied nature of this role entails the successful candidate to travel on business around two days per week.

In return for your dedication and commitment, we offer an excellent salary and benefits package, with the opportunity to work for a well-established and forward-thinking company. If you have the necessary skills, industry knowledge and attitude for this exciting opportunity, we want to hear from you!

If you are interested in applying for this vacancy then please forward your CV and covering letter to:

Debbie Blackwell
Human Resources Manager
PHOENIX Healthcare Distribution
Rivington Road
Whitehouse Industrial Estate
Runcorn WA7 3DJ

Closing Date for Applications: Friday 25th April 2008

Please No Agencies

Reporter

C+D Reporter

Are you interested in a career in journalism?
C+D – the best read pharmacy magazine in the UK – is looking for a pharmacist to join its busy editorial team as a full-time reporter based at its office in Tonbridge, Kent.

From breaking stories on politics, policy and the issues that matter to pharmacists, to developing and shaping C+D's surveys and 'award winning' campaigns, this is an exciting opportunity for a pharmacist who wants to work in the media.

You will write news and features for the magazine, as well as work with C+D's Online Editor to manage the day-to-day running of C+D's new website, including co-ordinating e-newsletters to C+D's growing online readership.

You are: sharp and eager to learn with a keen interest in pharmacy politics and news.

We are: a global media company committed to developing its employees and being the best business to business publishing company.

This is an incredible opportunity for the right individual to make a name for him or herself at the heart of an established magazine brand. Although you will have good literacy skills, C+D will provide full journalism training.

C+D is part of CMP Medica, the global healthcare division of United Business Media. As part of one of the largest publishing companies in the UK, C+D offers a great working environment and all the benefits you would expect from a major employer.

If you think you have what it takes, send your CV and a covering letter by email to Gary Paragpuri MRPharmS, C+D Editor, at **gparagpuri@cmpmedica.com** or post to **Chemist+Druggist, CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE. Closing date: April 25, 2008**

Pharmacists / Pharmacy Dispensers / ACT's

Coopers Pharmacies
SUFFOLK COAST

Small but progressive group require one/two pharmacists to join our friendly team. Hours and terms to be negotiated. Locums considered.

Apply to Robert Cooper: work 01728 723477, mobile 07764 230723 or email robertcooper77@tiscali.co.uk

PHARMACIST WANTED
STORNOWAY, ISLE OF LEWIS

Please contact Tim or Christina, 29-31 Cromwell Street, Stornaway, Isle of Lewis, HS1 2DD
Tel 01851 703131

K J MACDONALD LTD require a full time pharmacist to work in a busy independent family run business as part of a two pharmacist team with excellent supporting staff. The pharmacy is situated in the main town of the picturesque Isle of Lewis.

Salary £42,000 p/a with 5 weeks annual leave entitlement.

PHARMACISTS/PHARMACY DISPENSERS/ACTs

For an expanding company based in St Albans, we are looking to recruit in the following areas: **St Albans, Fordingbridge, Ashford (Kent), Newmarket and Birmingham.**

Organised and self-motivated individuals to assist in the provision of pharmacy services to Care Homes and home based patients referred by hospitals.

No previous experience in this sector is necessary as full training will be provided. This is a unique opportunity to work in the growing areas of Home Care Dispensing Services.

Please send your CV and covering letter to bina.p@intecareuk.com

Agents

Zeal Products Ltd seeks self-motivated experienced agents in many areas nationally to handle a range of proven sellers for an established principal. Good commission rates. Apply to Andrew Apperly at email **zealproducts@btconnect.com**

Technicians

Accredited Checking Technicians/Pharmacy Technicians

Nationwide • £Excellent plus benefits

Ever wondered what its like to have a career you really enjoy? Ask any of our staff and they'd be more than happy to tell you. We're the fourth largest food retailer with over 90 pharmacies and more new openings planned, so there's never been a better time to play your part in shaping patient care. We're looking for dedicated, registration preferred Pharmacy Technicians and ACTs who are passionate about helping us become the preferred choice for patient care by improving the health and wellbeing of our customers and the wider community.

Responsible for making sure customers receive a friendly, attentive service, you'll maximise over the counter sales, accurately dispense and/or check prescriptions, replenish products, arrange locum cover as required and champion dispensary standards. You will have the relevant experience in either position and be keen to support the delivery of other professional services. You can look forward to an exciting and vibrant career with one of the UK's leading supermarket retailers, where you will be recognised and rewarded for the fantastic work that you do!

To request an application form, please call: 0845 611 6611

For further details and to find out more about our nationwide vacancies please visit:

www.morrisons.co.uk

An equal opportunities employer

MORRISONS

Business For Sale

Business sales and development

Sales

Sellers, we offer
Market-leading fees

Sussex Village business
T/O £330k Rent 9k

Development

- Refit planning
- Category management
- Relocations
- Contract applications

David Parker Consulting Ltd
www.davidparkerconsulting.co.uk
Mob: 0789 423 4873
david@davidparkerconsulting.co.uk

HUTCHINGS PHARMACY SALES

Manchester	T/O C:	£1,400,000
S. Wales	T/O C:	£1,250,000
Exeter	T/O C:	£800,000
Dorset	T/O C:	£730,000
W. Sussex	T/O C:	£700,000
N. London	T/O C:	£500,000

If you are ready to SELL we have purchasers throughout the UK willing to pay top prices for Pharmacies. Our priority is to obtain the best price whilst maintaining your confidentiality.

*If you are thinking of **SELLING** your Pharmacy, Contact us now for a FREE valuation.*

Or for a confidential discussion please call...

01494 722224

email: info@hutchingsandco.com

www.hutchings-pharmacy-sales.com

Hutchings Consultants Ltd

"We are the only NPA approved supplier for selling your pharmacy"

NPA National Pharmacy Association Approved Supplier

Business Wanted

MANOR PHARMACY

Pharmacy Group looking to expand and acquire shops in the North-West & North/West Yorkshire areas.
All turnovers/ size of group considered.
High Premium Paid. All information will be treated with the strictest confidence.
Please contact Mohamed on 07958 428754 or
Talha Patel on 07841 328394

Overseas Property

Turkey

www.ramiproperties.com

Turkey Altinkum/Arbuk Turkey

Buy for Holiday, Investment or Retirement
Apartments from £30,000. Penthouse from £45,000. Villas from £80,000
*Free Inspection Trips subject to Contract

0800 007 62 62

Products and Services

Is it time you reviewed your loan guarantee arrangements?

Tel: 01928 750648

PHOENIX Think

Buttercups Pharmacy

Buttercups Accredited Training Provider

Accredited Pharmacy Training

NVQs MCA Checking Courses Funding (Train 2 Gain)

- Comprehensive range of Courses
- Bespoke programmes e.g. Prereg training
- Flexible enrolment dates
- 24/7 Support
- Dedicated candidate assessors

Contact us
For further information and professional advice

Email: training@buttercups.co.uk
Tel: 0115 9374 936

1-2 The Courtyard
Main Street
Keyworth
Nottingham
NG12 5AW
www.buttercups.co.uk

City & Guilds edexcel advancing learning, changing lives

Products and Services

Buying Or Re-Financing A Pharmacy? Here's A NEW Service You Need To Know More About

"You Can Now Have Access To More Cash And Significantly Lower Your Equity Requirement Without Any Restrictions On Which Drug Wholesaler You Use"

This NEW service from Pharmacy Partners gives pharmacy owners the following benefits:

- More cash - significantly lowering your equity requirement
- No restrictions on which drug wholesaler you use - claw back valuable margin.
- A more streamlined application process and faster decision making than if you were to approach a bank directly.

To find out more contact Pharmacy Partners NOW!

Tel: 0808 144 5554
E-mail: info@pharmacypartners.com
or visit Web: www.pharmacypartners.com

PHARMACY PARTNERS

CAMRx
Pharmacy Development Group

DO NOT MISS THIS OPPORTUNITY TO PROFIT BY £1000
(offer ends 30th April 2008)

♦ **New members** joining CAMRx in April will qualify for **£1000.00 free generic stock** at DTF value

Plus
Achievable benefit of **Zero Threshold**

And
Obtain up to **11.5% discount** on your **eligible medical purchase**

♦

Have benefit of **fully subsidised** computer hardware, monthly software, installation and training package **worth £4,400.00**

♦

Gain benefit **of share of profits** without having to invest **your own money** in a **share purchase scheme**

For further details contact CAMRx Customer Services on 01530 510520 quoting reference **CDAPR**

Shopfitting

Tax Consultants & Accountants

Tax Consultants & Accountants

postScript

Do you have a quirky story to tell or has anything amusing happened in your pharmacy?
Email postscript@cmpmedica.com

the funny pharm

A pharmacist races down the street in pursuit of a departing patient with his freshly-dispensed medicine.

Catching the patient up, the pharmacist gasps: "I'm so sorry, I made a terrible mistake when making up your prescription.

"Instead of putting in acetylsalicylic acid, I used oxalic acid."

"What's the difference?" the patient asks.

"You owe me fourpence."

Groan? Think you could do better (or at least more contemporary)? Pharmacist Alan Wiseman is writing a book on pharmacy humour, "assuming that our much put-upon profession has any sense of humour left", he says.

Prove it does by sending PostScript your jokes, gags, amusing anecdotes – or even alternative song lyrics, such as (to that well-known Mary Poppins tune) "Sulphur, Califig, Emetic, Expulin and Dosage!"

We'll pass them all onto Alan – who will acknowledge any he prints unless directed otherwise – and award a C+D mug to the funniest contribution.

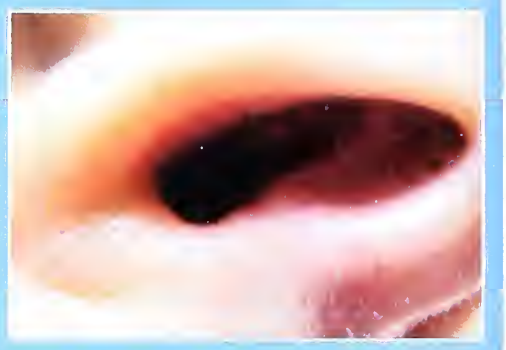
Web comment of the week

Society takes on the technophobes Posted by anonymous on 07/04/2008 13:00

> As there won't be a **Society** for very much longer, it looks like this will just be another **expensive** thing for the Society to **waste time** and **resources** on

Have your say on C+D's website
register for free at www.chemistanddruggist.co.uk

The nation's snore point



For this year's National Stop Snoring Week (April 21 to 26), the British Snoring and Sleep Apnoea Association will be encouraging snorers to stop for the sake of their partners' health. There are 15 million snorers in the UK – a quarter of the population – and 97 per cent of their bed partners suffer from chronic sleep deprivation. With other complaints attributed to snoring partners including gastrointestinal irritability, nausea, palpitations, anxiety depression and lack of concentration, perhaps stop snoring advice should be central to pharmacy's enhanced role in improving the nation's health?
www.britishsnoring.co.uk

The game goes on

Nucare members will be relieved to hear that, despite the disappearance of the brand under the Numark umbrella last month, the Nucare golf tournament has not been scrapped.

The members-only tournament will consist of three regional qualifying events, held in Leighton Buzzard, Surrey and Oxfordshire, followed by the final on September 10 at The Menzies Welcombe Hotel and Golf Course in Stratford-upon-Avon.

Interested? Call Michelle Spicer-King on 01908 423 542 for application forms.

Moving on

The Royal Pharmaceutical Society has filled its newly-created position of head of marketing and membership. **Patrick Stubbs** joins from the grocery industry and is charged with developing member services for pharmacy's future professional body.

Superdrug's parent company AS Watson has promoted **Jeremy Seigal** to chief executive. Mr Seigal was formerly managing director of AS Watson's The Perfume Shop and now assumes responsibility for all of the group's UK retail operations, including the pharmacy and beauty chain.

Vitamins, minerals and supplements manufacturer Lifeplan Products has appointed **Nick Mead** as national sales manager.

Roadworks unearth treasure

Archaeologists in Scotland are excavating part of a Victorian pharmacy last used in the 1970s.

The intact basement – containing photographic processing sinks and bottles and jars of medicines – was discovered during work on the new M74 extension in Glasgow. A pharmacist has been onsite to help contextualise finds and warn archaeologists which materials might be hazardous.

Hugh McBrien, consultant for West of Scotland Archaeology Service, said the site was important because "industrial archaeology from the relatively recent past has not really been done in Europe before". Why the basement is such a treasure trove remains obscure, he said, but added: "The demolishers obviously couldn't be bothered clearing it out."

The location of the pharmacy is a closely guarded secret as archaeologists do not want the site raided by drug hunters.

C+D Update 2008

Thinking about your CPD?

With mandatory continuing professional development for practising pharmacists coming closer, it is time to start thinking about the continuing education you want to undertake in 2008.

Pharmacy Update is back in 2008 with new sections such as 'MUR Tips' and 30 plus modules covering key areas of practice.

What if I miss a module or question paper?

Go to the new C+D website at www.chemistanddruggist.co.uk/update to download any modules or question papers you have missed during the year.

Why should I sign up?

- You'll be able to access over 30 accredited modules, which can be included in your RPSGB 'Plan & Record' CPD portfolio for 2008.
- The course provides you with straightforward self-test questions and evidence of completion for your CPD portfolio.
- Northern Ireland pharmacists who enrol for Pharmacy Update in 2008 will have their registration fee paid by NICPPET.

Enrol a colleague and save £10

You can save £10 on the £32.50 registration fee simply by encouraging a colleague who did not register for Update in 2007 to register for Update in 2008.

For every colleague that is enrolled, Update sponsor Genus Pharmaceuticals will donate £10 to charity TB Alert (www.tbalert.org).

- Visit www.chemistanddruggist.co.uk/update to download a Colleague registration form.

Sounds great! What do I need to do?

- Register by post by sending the completed form to: Pharmacy Projects, Riverbank House, Angel Lane, Tonbridge, Kent, TN9 1SE.
- Phone Pauline Sanderson on 01732 377269 for credit or debit card payments only.

CUT HERE IF NECESSARY

Pharmacy Update 2008 registration form

Please register me for Pharmacy Update in 2008.

❑ I enclose a cheque payable to CMP Information for £32.50

❑ Please charge £32.50 to my credit/debit card

❑ I am enrolling a colleague (form enclosed). I enclose a cheque for £22.50/charge my credit/debit card £22.50

Card Payment Details

Card type: Credit ❑ Visa ❑ Mastercard ❑
Debit ❑ Maestro ❑
Other (please state) _____

Card No: _____

Expiry date: _____ Issue No (debit cards): _____

❑ I am a pharmacist registered and practising in Northern Ireland and wish to register under the NICPPET scheme (DO NOT SEND/AUTHORISE ANY PAYMENT).

My PSNI registration number is: _____

Name: _____

Address: _____

_____

_____

_____

_____

Postcode: _____

Signature: _____

Date: _____

Daytime phone number: _____

(No payment will be accepted without a phone number)

Email address: _____

(To receive regular Update email alerts)

CMPMedica would like to keep you up to date about our products and services for healthcare professionals. (Please note our emails may also include information from other carefully selected companies that may be of interest to you.

Your details WILL NOT be passed on to third parties without your consent. If at any time you do not wish to receive information from CMPMedica, please write to Emily Miles, CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent, TN9 1SE

You can view our privacy policy at www.chemistanddruggist.co.uk/privacypolicy

Not all ibuprofen treatments are the same*

TARGETS PAIN

TWICE AS FAST

AS STANDARD NUROFEN TABLETS (ibuprofen)

EI –ESSENTIAL INFORMATION for "Nurofen Express 684mg Caplets"
Nurofen Express Caplets containing 400mg ibuprofen (as Ibuprofen Lysine). Indications: Relief of headache and migraine. Dosage and **Administration:** Adults, the elderly and children over 12 years. Initially, one caplet taken with water, repeated one every four hours if necessary. Do not exceed three caplets in any 24 hours. Not for use under 12 years of age. Do not use for more than 10 days, or if symptoms worsen, without medical advice. **Contraindications:** Hypersensitivity to ibuprofen or other constituent. History of bronchospasm, asthma, rhinitis, or urticaria associated with aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). History of, or existing gastrointestinal ulceration/perforation or bleeding. Severe hepatic failure, severe renal failure or severe heart failure. Do not use with other NSAIDs, including COX-2 specific inhibitors. In last trimester of pregnancy there is risk of premature closure of the foetal ductus arteriosus. Onset of labour may be delayed and the duration increased with increased bleeding tendency in both mother and child. **Precautions and Warnings:** Caution in patients with certain conditions, which may be made worse. These include: systemic lupus erythematosus and mixed connective tissue disease, gastrointestinal disorders and chronic inflammatory intestinal disease, hypertension and/or cardiac impairment, renal impairment, hepatic dysfunction. Bronchospasm may be precipitated in patients with bronchial asthma or allergic disease. GI bleeding, ulceration or perforation. Caution in patients on medications which increase the risk of gastrotoxicity or bleeding. If GI bleeding or ulceration occurs, stop treatment. The elderly are at increased risk of the consequence of adverse reactions. Female fertility may be impaired by a reversible effect on ovulation. **Side effects:** In short-term use, at OTC doses, adverse effects are uncommon or rare. They include abdominal pain, dyspepsia and nausea. Hypersensitivity reactions are uncommon, and may include non-specific allergic reactions, anaphylaxis, respiratory tract reactivity (e.g. asthma, bronchospasm) and various skin reactions (e.g. pruritus, urticaria, angioedema). For a full list of potential adverse events, see the Summary of Product Characteristics.

MRRP: £4.99 (12 caplets) **Legal category: P Product licence Number:** PL 00327/0143 **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA.

Information about adverse event reporting can be found at www.yellowcard.gov.uk Adverse events should also be reported to Medical Information,

Date of Prescribing Information: January 2006
Date of Preparation of Advertisement: October 2007

*Ibuprofen Lysine is absorbed by the body twice as fast as standard ibuprofen.